

(1) PLACE OF BIRTH

County of Aiken
Township of Mudgor
OF
Inc. Town of
or
City of (No.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
58366

Registration District No. 215 Registered No. 36
(For use of Local Registrar)

(2) Full Name of Child Lizzie Murray If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 26, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isborn Murray
(9) PRESENT POSTOFFICE OF FATHER Windsor S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION House Laborer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Margie Corley
(15) PRESENT POSTOFFICE OF MOTHER Windsor, S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:45 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Willard, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hitchings Mill S.C.

Given name added from a supplemental report
W. A. Willard, 1916.
W. A. Willard
W. A. Willard Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 10, 1916 (28) W. A. Willard Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No reports desired of stillbirths before the fifth month of pregnancy.
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