

(1) PLACE OF BIRTH

County of Adrian

Township of Langley

Inc. Town of

or Bath, S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. 30780

Registration District No. 21.2.1 Registered No. 139
(For use of Local Registrar)

(No. of Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Wade Murrell
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 1, 23
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Walter W. Murrell (9) NAME BEFORE MARRIAGE Rebecca Hally

(10) PRESENT POSTOFFICE OF FATHER Bath, S.C. (11) PRESENT POSTOFFICE OF MOTHER Bath, S.C.

(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 25 (14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 25
(Years) (Years)

(16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.

(18) OCCUPATION Millworker (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 1:50 a

(23) (Signature) R. Boone (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Langley, S.C.

(Given name above from a supplemental report)

(26) Witness (Signature of witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 3, 1923 (28) L. W. Spradley 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 report is desired of stillbirths before the fifth month of pregnancy.

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