

(1) PLACE OF BIRTH

County of WmshuryTownship of Kennyor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4302 Registered No. 43
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lewis Chauncy Murphy If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 1, 1922</u> (Name of Month) (Day) (Year)
----------------------------	--	-----------------------------	------------------------------------	--

FATHER.

8) FULL NAME Lewis Murphy9) PRESENT POSTOFFICE OF FATHER Kenny10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 20 (Year)12) BIRTHPLACE Wmshury13) OCCUPATION Farmer20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Gladys Wallace15) PRESENT POSTOFFICE OF MOTHER Kenny16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 18 (Year)18) BIRTHPLACE Wmshury19) OCCUPATION Housekeeper21) 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 at 10 A. M., on the date about 1922. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary X Robinson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kenny

Given name added from a supplemental report

(26) Witness L. Murphy (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 17, 1922 (28) B. B. Baker 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.

N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.
 REGISTRY OF COLUMBIA, COLUMBIA, S. C.