

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Caw. of Columbia.

(1) PLACE OF BIRTH

County of ColumbiaTownship of Cawcawor
Inc. Town ofor
City of

(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
48251Registration District No. 801 Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child James Wilson Murphy

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth 6(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 6, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos. M. Murphy(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth six

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Hampton(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Home wife(21) Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. J. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness J. S. Inabnet

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 14, 1914

(28)

J. H. Murphy
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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