

Murray

Orangeburg Co

Form No. 3

## 1. PLACE OF BIRTH

County of OrangeburgTownship of Orangeor  
Inc. Town of .....or  
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

3 - 1983

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

City of ..... (No) ..... St.; ..... Ward)

2. Full Name of Child Ervin Howard Murray { If child is not yet named, make supplemental report as directed.3. BOY ~~OR~~  
~~SECRET~~4. Twin or  
Triplet?5. Number in order  
of birth6. ~~SEX~~  
~~Parents~~  
Married?

7. DATE OF BIRTH

Jan. 19, 1983  
Name of Month (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL NAME Lawrence Adams Murray9. PRESENT POSTOFFICE OF FATHER Orangeburg, SC10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 53  
(Years)12. BIRTHPLACE Holly Hill, SC13. OCCUPATION Farmer, and Real Estate20. Number of children born to mother, including present birth { 2

## MOTHER

14. NAME BEFORE MARRIAGE Ruby G. Johnson15. PRESENT POSTOFFICE OF MOTHER Orangeburg, SC16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 50  
(Years)18. BIRTHPLACE Aiken, SC19. OCCUPATION Housewife21. 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 ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)23. Signature Vance W. Abraham M.D.

24. State whether Physician or Midwife 25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)27. Filed ..... 19 ..... 28. ....  
Registrar 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.

MARGIN RESERVED FOR BINDING

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.

CARY-BARBER PTG. CO.