

Murray

Orangeburg Co

Form No. 3

1. PLACE OF BIRTH

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

FILE No.—For State Registrar Only

3-1983

County of Orangeburg

Township of Orange

or
Inc. Town of

or
City of

Registration District No. Registered No.
(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 Ervin Howard Murray (If child is not yet named, make supplemental report as directed.)

3. BOY ~~OR~~
~~MALE~~

4. Twin or Triplet?

5. Number in order of birth

6. ~~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

MOTHER

8. FULL NAME Lawrence Adams Murray

14. NAME BEFORE MARRIAGE Ruby Gubede Johnson

9. PRESENT POSTOFFICE OF FATHER Orangeburg, SC

15. PRESENT POSTOFFICE OF MOTHER Orangeburg, SC

10. COLOR OR RACE white

11. AGE AT LAST BIRTHDAY 53
(Years)

16. COLOR OR RACE white

17. AGE AT LAST BIRTHDAY 50
(Years)

12. BIRTHPLACE Holly Hill, SC

18. BIRTHPLACE Aiken, SC

13. OCCUPATION Farmer, and Real Estate

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 at M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

23. Signature Vance W. Graham 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. 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 PTC. CO.