

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.

(1) PLACE OF BIRTH  
County of Charleston  
Township of James Island  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(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  
**610**

Registration District No. 904 Registered No. 6  
(For use of Local Registrar)

(2) Full Name of Child Samuel Murray (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 12, 1924</u> (Name of Month (Day) (Year))
FATHER.			MOTHER.	
(8) FULL NAME <u>John Murray</u>			(14) NAME BEFORE MARRIAGE <u>Rose Wilder</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>James Island S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>James Island S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>James Island S.C.</u>			(18) BIRTHPLACE <u>James Island S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Marta Cronwell  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James Island

Given name added from a supplemental report

Geo. R. Westbrook  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
R. T. Grimbale

(27) Filed Jan 20, 1924 (28) Sub 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.