

File No.—For State Registrar Only
4672

County of Wayne
Township of Highland
or
Inc. Town of Highland
or
City of _____

Registration District No. 3402 Registered No. 11
(For use of Local Registrar)

City of (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 Murphy, Junior If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <i>Boy</i>	(2) Twin or Triplet? To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married? <i>NO</i>	(5) DATE OF BIRTH <i>Feb 25-23</i> (Name of Month) (Day) (Year)
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FATHER.	
(1) FULL NAME	Elliott Sanders
(2) PRESENT POSTOFFICE OF FATHER	Whitville - SC
(10) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY	21 (Years)
(12) BIRTHPLACE	Marion - Ga - SC
(13) OCCUPATION	Public Work
(20) Number of children born to mother, including present birth	

MOTHER.

(14) NAME BEFORE MARRIAGE *Lucinda Sanders*

(16) PRESENT POSTOFFICE OF MOTHER *Whitman SC*

(18) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *17* (Years)

(16) BIRTHPLACE *Washington DC SC*

(16) OCCUPATION *Domestic.*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) _____
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplement-
tal report

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

(7) Filed 5/11/23 (25) 941114 WILKINSON
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.