

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 make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of S. C. L. H. W. S. S.  
Township of S. C. L. H. W. S. S.  
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  
**33346**

Registration District No. 8.0.1 Registered No. 88  
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Washington Murphy  
(9) PRESENT POSTOFFICE OF FATHER St. Matthews  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Farm Hand  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Madella Rump  
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Farm Hand  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn Hour \* A. M. or P. M.)  
(23) (Signature) Agnes Wright  
(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 marks)  
(27) Filed Oct 10 1922 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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