(1) PLACE OF BIRTH

County of Spartanburg

Township of Cross Anchor

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2511

Registration District No. 4023 Registered No. 5
(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 Hugh Max Murphy (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 17 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hugh Hillian Murphy

(9) PRESENT POSTOFFICE OF FATHER Enoree S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Laurens Co.

(13) OCCUPATION Cotton mill work

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sophia Lee Golden

(15) PRESENT POSTOFFICE OF MOTHER Enoree S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Laurens Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. D. Hanna

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Enoree, S.C.

Given name added from a supplemental report

..... 19.....
Registrar

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

(27) Filed Jan 17 1922 (28) C. D. Hanna
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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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 OFFICIAL No. 2, etc., in question 5.

McCaw of Columbia, S. C.