

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Judas
 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
5372

Registration District No. 3619 Registered No. 5
 (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 Charles Luther Murphy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 20, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Engene Murphy

(9) PRESENT POSTOFFICE OF FATHER Cordova SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (Years)

(12) BIRTHPLACE Orangeburg SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Alice Carter

(15) PRESENT POSTOFFICE OF MOTHER Cordova SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE Bamberg SC

(19) OCCUPATION House Wife

(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 born at 11 AM,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Robinson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

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

(27) Filed July 27, 1922 (28) W. J. Hamilton 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.