

(1) PLACE OF BIRTH

County of Sumter, S.C.
 Township of
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
19286

Registration District No. 41A Registered No. 105
 (For use of Local Registrar)

(No. Trinity Hospital St.; Ward)
 (If birth occurs in a hospital or other institution, give name of street and number.)

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

1. BOY OR GIRL 4. Twin or Triplet ✓ 5. Number in order of birth 2 6. Are Parents Married Yes 7. DATE OF BIRTH June 17, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Penwick Hall Murray

9. PRESENT POSTOFFICE OF FATHER Sumter, S.C.

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 38 (Years)

12. BIRTHPLACE Understone Md.

13. OCCUPATION Civil Engineer

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

MOTHER.

14. NAME BEFORE MARRIAGE Florence Nash

15. PRESENT POSTOFFICE OF MOTHER Sumter, S.C.

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 30 (Years)

18. BIRTHPLACE Portsmouth Va.

19. OCCUPATION

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

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

Give name added from a supplemental report

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

(27) Filed July 11, 1929 (28) H. O. Brown 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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