

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....or  
City of Charleston

(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

88760

Registration District No. 9ARegistered No. 1450

For use of Local Registrar

## (2) Full Name of Child

Margaretta Murphy

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl(4) Twin or Triplet? Twin(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 25

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Amos Murphy(9) PRESENT POSTOFFICE OF FATHER 2 Macdon St. Charleston S.C.(10) COLOR OR RACE one(11) AGE AT LAST BIRTHDAY 35

-(Years)

(12) BIRTHPLACE Orangeburg S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaretta James(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE one(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4-6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. A. M. Luman M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/2/30

(28)

Local Registrar

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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