

Form No. 1

(1) PLACE OF BIRTH

County of *Worcester*.....Township of *Worcester*.....OR
Inc. Town of *Worcester*.....OR
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Michaela Lillian Caroline* named, make supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>April 23, 1922</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Robert Lee Murphy*(9) PRESENT POSTOFFICE OF FATHER *Worcester, S.C.*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *28*
(Years)(12) BIRTHPLACE *St-George, S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bertie Polite*(15) PRESENT POSTOFFICE OF MOTHER *Worcester, S.C.*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *24*
(Years)(18) BIRTHPLACE *Holly-Hill, S.C.*(19) OCCUPATION *Housekeeping*(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 alive* at *10:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Herbert Johnson*(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Worcester, 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 *Oct 28, 1922* (28) *Gella H. H. H.* 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.

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 OTHER, No. 2, etc., in question 5.

Revised Columbia, Columbia, S. C.