

Form No. 1

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA.** Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only
50689

(1) PLACE OF BIRTH
 County of Lowndes
 Township of Lowndes
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4302 Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child Lena A. Murphy ...
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twin or Triplet</small>	(5) Number in order of birth	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Feb 29</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Marcus Murphy</u>			(14) NAME BEFORE MARRIAGE <u>Janie Wilson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Kingston</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kingston</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Lowndes</u>			(18) BIRTHPLACE <u>Lowndes</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Phyllis H. Harrison
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Kingston

Given name added from a supplemental report

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

(26) Filed Mar 1 1916. (27) S. S. S. S. S. 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—DO NOT WRITE IN PENCIL—USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHERS, NO. 2, ETC., IN QUESTION 5.

State of Columbia