

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester
 Township of First Const
 or
 Inc. Town of ..
 or
 City of ..

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

Registration District No. 402 Registered No. 69
 (For use of Local Registrar)

File No.—For State Registrar Only
37258

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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 11 22 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Murphy</u>	(14) NAME BEFORE MARRIAGE <u>Viola Jennings</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Brookline S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Brookline</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Public Work</u>	(19) OCCUPATION <u>Domestic</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>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Jenkins (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Brookline 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 12/2 22 (28) J.C. 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.