

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of York

City of

CERTIFICATE OF BIRTH

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

No. 10. - For this register only

10513

Registration District No. 44-2 Registered No. 30

(For use of Local Registrar)

(No. St. Ward)

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 21</u> 19 <u>23</u> (Month of Month) (Day) (Year)
(8) FULL NAME <u>Murvin Alexander</u>			(9) NAME BEFORE MARRIAGE <u>Mother</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>York SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>York SC</u>	
(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(14) COLOR OR RACE <u>Black</u>	(15) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(16) BIRTHPLACE <u>York Co</u>			(17) BIRTHPLACE <u>York SC</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Director</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 born alive at York P. 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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 26 1923 (28) Bessie B. B. 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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