

(1) PLACE OF BIRTH

County of McConnick  
Township of Barclay  
or  
Inc. Town of .....  
or  
City of .....

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

**35474**

Registration District No. 4370

Registered No. 20  
(For use of Local Registrar)

City of ..... (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 Jim Henry If child is not yet named, make supplemental report as directed

(3) BOY OR  
GIRL

(4) Twin  
or Triplet?

(5) Number in  
order of birth

(6) Age  
Parents  
Married

(7) DATE OF  
BIRTH Sept 22  
(Name of Month) (Day) (Year)

# FATHER

8) FULL NAME *Samuel Murray*

9) PRESENT POSTOFFICE OF FATHER *McConnick*

(10) COLOR OR RACE *B/E* (11) AGE AT LAST BIRTHDAY *26*

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth

**MOTHER**

(14) NAME BEFORE MARRIAGE Jessie Borman

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE B/E (17) AGE AT LAST BIRTHDAY 23

(10) BIRTHPLACE *SL*

(18) OCCUPATION *housewife*

(21) Number of children of this mother now living, including stepphildren

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(28) (Signature) Vol. [illegible]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by spouse)

(27) Filed Oct 10 22 1922 B. A. Mattison  
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.