Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
59675

(1) PLACE OF BIRTH
County of Darlington
Township of Joseph H. Lamb
or
Inc. Town of ..... Registration District No. 1.5.11. Registered No. .....
(For use of Local Registrar)
or
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. Roosevelt Murray If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (Is he answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
boy			yes	April 14 1916

FATHER.

(8) FULL NAME Roosevelt Murray
(9) PRESENT POSTOFFICE OF FATHER Darlington RFD
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Darlington Co
(13) OCCUPATION Farm Labor
(30) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Lucky
(15) PRESENT POSTOFFICE OF MOTHER Darlington RFD
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Darlington RFD
(19) OCCUPATION Home Keeper
(31) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5.00 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma F. Lamb

(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Darlington RFD

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness R.F.D. No. 1
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 1 1916. (28) A. E. Early
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.

McCAW, of Columbia. FIRST-HOW M. No. 1. THIN OTHER. No. 2, etc., in question 2.
M. E.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and number the
WRITE PLAINLY. STATE UNKNOWN PARTICULARS AS NEARLY AS POSSIBLE.