

Form No. 1

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Lane

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50704

Registration District No. 4305Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child

William MurrayBOY OR GIRL? girl(4) Twin or Triplet? 5(5) Number in order of birth 5(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 27th 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Logan Murray(9) PRESENT POSTOFFICE OF FATHER Salters Depot, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 23(12) BIRTHPLACE Williamsburg co. S. C.(13) OCCUPATION R. R.(14) Number of children born to mother, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Ida Y. Hanna(23) (Signature) Ida Y. Hanna(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Heinemann

Given name added from a supplemental report

Entire deathChromosomesReg. Date

(26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 27th 6(28) Albert R. Mosley

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia