

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Murphy

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

Boyersville

or

Inc. Town of

Registration District No. *4-201*

File No.—For State Registrar Only
24181

Registered No. *18*
(For use of Local Registrar)

City of

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

(2) Full Name of Child

Albert Girl

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

July 28 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Pres Girl

(9) PRESENT POSTOFFICE OF FATHER

Jonesville # 2

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

58
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

5

MOTHER

(14) NAME BEFORE MARRIAGE

Martha Girl

(15) PRESENT POSTOFFICE OF MOTHER

Jonesville

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House Work

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4 PM* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Charlatta Rice

(24) State whether Physician or Midwife

Mid wife

(25) Address of Physician or Midwife

Jonesville # 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 10 1922

(28)

J. Boyd Lunsford
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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N. McCaw, of Columbia, P. S. D. 1911, No. 1, THIS OFFICE, No. 2, etc., in question 6.