

## (1) PLACE OF BIRTH

County of WilliamburgTownship of Hope

Inc. Town of .....

City of .....

(No. .... St.; ..... Ward)  
(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

Registration District No. 4301

File No.—For State Registrar Only

32594

Registered No. 1131  
(For use of Local Registrar)(2) Full Name of Child Williamina Mary {If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept-25-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sparks Murray(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Parasprilla Parker(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ida Hannah(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hineaman S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Sept-25-22 (28) J. D. Blackwell  
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.