

WRITE PLAINLY WITH LEADING INK - THIS IS A PERMANENT RECORD
No. 1 - In case of TWINS OR TRIPLETS use a separate card for each child and mark the
FIRST-BORN No. 1 THE OTHER No. 2 etc. in question 5

(1) PLACE OF BIRTH
County of Richland
Township of
OR
Inc. Town of
OR
City of Charleston
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
19937

Registration District No. 382 Registered No. 77
(For use of Local Registrar)
(No. 1012 Harbor St.; Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Mary

3) BOY OR GIRL Girl (4) Twin or Triplet? 5) Number in order of birth
To be answered only in event of Twins or Triplets

6) Are Parents Married? Yes 7) DATE OF BIRTH June, 1912
(Month) (Day) (Year)

FATHER.

8) FULL NAME David Murray
9) PRESENT POSTOFFICE OF FATHER Columbia SC
10) COLOR OR RACE Wgo 11) AGE AT LAST BIRTHDAY 5-9
12) BIRTHPLACE S.C.
13) OCCUPATION Police
20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Irene Bradley
15) PRESENT POSTOFFICE OF MOTHER Columbia SC
16) COLOR OR RACE Wgo 17) AGE AT LAST BIRTHDAY 22
18) BIRTHPLACE Florida
19) OCCUPATION Domestic
21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) S. J. Starn
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 14, 1912 (28) W. H. Starn 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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