

No. 1

(1) PLACE OF BIRTH

County of Pft

Township of

or

Inc. Town of

or

City of Burton

(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. 6001 Registered No. 2,245

(For use of Local Registrar)

No. 16795

(2) Full Name of Child Elizabeth Murray

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

(3) SEX Female (4) Twin or Triplet No (5) Number in order of birth one (6) Age 7 yr (7) DATE OF BIRTH June 2 1913
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Murray(9) PRESENT POSTOFFICE OF FATHER Burton(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Burton(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE Jouanna Frazer(15) PRESENT POSTOFFICE OF MOTHER Burton(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE Burton(19) OCCUPATION Farm hand(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed June 2 1913 (27) 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.