

(1) PLACE OF BIRTH

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

File No.—For State Registrar Only
3525

County of Charleston
Township of Mad Field
or
Inc. Town of.....
or
City of.....

Registration District No. 913 Registered No. 8
(For use of Local Registrar)
(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jan Murray Jr.

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 21 1900
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George Murray
(9) PRESENT POSTOFFICE OF FATHER Marbleton S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Mad. Field
(13) OCCUPATION Laborer

MOTHER.
(14) NAME BEFORE MARRIAGE Julia Murray
(15) PRESENT POSTOFFICE OF MOTHER Marbleton S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Yellow House Mad Field
(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Celia M. Jewel (24) State whether Physician or Midwife (25) Address of Physician or Midwife Marbleton, S.C.

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. H. Wilson
(27) Filed Mar 10 1900 (28) J. H. Wilson
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. 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 3.