

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31685

Registration District No.

Registered No.

(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

Roxanna Murphy

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 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Clifton Murphy

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21

(12) BIRTHPLACE

Orangeburg, S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Blondelle Wallace

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17

(18) BIRTHPLACE

Orangeburg, S.C.

(19) OCCUPATION

Housewife

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

1

(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 born on the date above stated.

Born alive or stillborn

(Hour A. M. or P. M.)

(23) (Signature)

Mahala Green

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Orangeburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 22, 1922

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.