

(1) PLACE OF BIRTH

County of Charlotte

Township of

Inc. Town of

City of Charlotte, N.C.

(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. 9 ANo. 3194Registered No. 280
(For use of Local Registrar)

(2) Full Name of Child

Marta Murray

(3) SEX OF CHILD

6

(4) Type of Birth

X

(5) Number of Births

X

(6) Date of Birth

Feb 5, 1918

(7) Name of Mother

Maria Dikjard

(8) Full Name of Father

Walter Murray

(9) Present Residence of Father

9 Concord

(10) Color of Child

C

(11) Age at Last Birthday

20

(12) Birthplace

N.C.

(13) Occupation

Laborer

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

1

(15) Full Name of Mother

Maria Dikjard

(16) Present Residence of Mother

9 Concord

(17) Color of Child

C

(18) Age at Last Birthday

17

(19) Birthplace

N.C.

(20) Occupation

Laborer Dismantling

(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 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. H. H. H.

(24) Date whether Physician or Midwife

(25) Address of Physician or Midwife

Given name called from a supplement on report

(26) Witness

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

(27) Filed

2/13/18

(28)

Local Registrar

When taken by an 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.