

(1) PLACE OF BIRTH

County of Rich

Township of

or

Inc. Town of

or

City of Cola Madison Chaise Murphy

(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

5043

Registration District No. 382 Registered No. 135

(For use of Local Registrar)

(No. 1025 Whisper St.)(2) Full Name of Child Madison Elene Murphy

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

(3) BOY OR GIRL Girl (4) Yes (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 13 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Emmanuel Murphy(9) PRESENT POSTOFFICE OF FATHER Cola SC.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE W.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Florence Gaskin(15) PRESENT POSTOFFICE OF MOTHER Cola SC.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE SC.(19) OCCUPATION Housewife(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 born alive at F.D. A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. Gaskin

(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 22 is signed by mark)

(27) Filed March 4 1923 (28) Col. Gaskin 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.