

## (1) PLACE OF BIRTH

County of GeorgetownTownship of Georgetownor  
Inc. Town of Georgetownor  
City of Georgetown

(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. 21-A

File No.—For State Registrar Only

42880

Registered No. 122

(For use of Local Registrar)

St. 1 Ward 1(2) Full Name of Child Charley Murray

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

(3) BOY OR GIRL? boy Twin or Triplet? Triplet Number in order of birth 2nd (5) Age Parents yes Married? yes (6) DATE OF BIRTH Dec 27 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Murray(9) PRESENT POSTOFFICE OF FATHER Georgetown(10) COLOR OR RACE Colored AGE AT LAST BIRTHDAY 39 (Years)(11) BIRTHPLACE Georgetown(12) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Wright(15) PRESENT POSTOFFICE OF MOTHER Georgetown(16) COLOR OR RACE Colored AGE AT LAST BIRTHDAY 25 (Years)(17) BIRTHPLACE Georgetown(19) OCCUPATION At Home(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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah White(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 30 Howard St. Georgetown

Given name added from a supplemental report

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Registrar

(26) Witness W. J. King

(Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed Dec 31 1911 (28) W. J. King

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.  
N. B.—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 2.  
McCaw, of Columbia