

Form No. 1

(1) PLACE OF BIRTH

County of NissanTownship of Bogansor
Inc. Town ofor
City of

(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

92082

Registration District No. 1201 Registered No. 46
(For use of Local Registrar)(2) Full Name of Child Elmire 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 June 11 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Murphy
(9) PRESENT POSTOFFICE OF FATHER Pauline(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Union Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lattie Wark(15) PRESENT POSTOFFICE OF MOTHER Pauline(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Union Co S.C.(19) OCCUPATION House Wark(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. H. Wark(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pauline

Given name added from a supplemental report

, 191.

Registrar

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

(27) Filed Dec 30 1916 (28) J. B. d. Lancaster 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.