

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50647

County of UnionTownship of Boysville

Inc. Town of

City of

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ida MurphyRegistered No. 3

(For use of Local Registrar)

St.; Ward

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Murphy(9) PRESENT POSTOFFICE OF FATHER Pauline(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Farmed(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lattie West(15) PRESENT POSTOFFICE OF MOTHER Pauline(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Union Co S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lattie West

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Pauline

Given name added from a supplemental report

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

(27) Filed Jan 16 1916 (28) J. Day & L. L. Lundy 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.

MAKING SEPARATE REPORTS REQUIRED.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—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 5.

Chas. of Columbia