

(1) PLACE OF BIRTH

County of

Township of

OR
Inc. Town of

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

41212

Registration District No. 9 A

Registered No. 1849

(For use of Local Registrar)

(No. 41 Franklin St.; Ward)

(2) Full Name of Child

Christopher Murray

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Cesar Murray

(9) PRESENT POSTOFFICE OF FATHER

Chas S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

(Years)

23

(12) BIRTHPLACE

Johns Island

(13) OCCUPATION

Laborer

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

4

(14) NAME BEFORE MARRIAGE

Sally Rhodin

(15) PRESENT POSTOFFICE OF MOTHER

Chas S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

(Years)

21

(18) BIRTHPLACE

Beaufort S.C.

(19) OCCUPATION

Domestic

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of witness when question is asked by mark)

(27) Filed

1/2

(28)

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.

Registrar.