

(1) PLACE OF BIRTH

County of BarnwellTownship of Barnwell

Inc. Town of.....

(City of.....)

CERTIFICATE OF BIRTH

Office of Health Commissioner
State of South Carolina
State Board of HealthRegistration District No. 5 R. 1.Registered No. 45
(For use of Local Registrar)

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

(2) Full Name of Child Luray Muldrow

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

(3) SEX OR CHILD Boy (4) Type or Triplet To be entered only in case of Twin or Triplet (5) Number to order of birth 1st (6) Date of Birth July 3, 1923 (7) Time of Birth (Day) (Hour) (Min)FATHER.
(8) Full Name Luray Muldrow
(9) Present Residence of Father Barnwell SC
(10) Color negro (11) Age at last birthday 25 (Year)
(12) Birthplace Barnwell SC
(13) Occupation Auto Pressing Hub
(14) Number of children born to mother, including present birth 1MOTHER.
(15) Name before marriage Snell Betty
(16) Present Residence of Mother Barnwell SC
(17) Color negro (18) Age at last birthday 20 (Year)
(19) Birthplace Barnwell SC
(20) Occupation Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Florea Conish

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Barnwell SC

Given name, address, date of birth, and sex of child

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

(27) Filed July 20, 1923 (28) W. F. Kirkland Local Registrar

I certify that the father, householder, etc., should make this report, and is hereby so notified. No report is desired of children born to a woman who is a prostitute.