

## (1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

OF

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. - For this registration  
22065

Registration District No. 2601

Registered No. 47  
(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 Ray M. Murn

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

(3) SEX OR GROWTH <u>Boy</u>	(4) Type of Infant To be answered only in case of Twin or Triple	(5) Number and order of birth <u>1st</u>	(6) Age of Mother <u>Yes</u>	(7) DATE OF BIRTH <u>July 1, 1923</u>
(8) FULL NAME <u>B. Murn</u>			(9) NAME BEFORE MARRIAGE <u>Sophie Adles</u>	
(10) PRESENT POST OFFICE OF FATHER <u>Branchville S.C.</u>			(11) PRESENT POST OFFICE OF MOTHER <u>Branchville S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>42</u>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>40</u>	(16) BIRTHPLACE <u>Europe</u>
(17) OCCUPATION <u>Farmer Merchant &amp; Banker</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>5</u>			(20) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature)  
(23) State whether Physician or Midwife

(24) Signature of Physician or Midwife

Given name added from a supplemental report

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

(26) 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.