

Form No. 1

(1) PLACE OF BIRTH **Chesterfield** **CERTIFICATE OF BIRTH**  
 County of **Chesterfield** **STATE OF SOUTH CAROLINA.**  
 Township of **Chesterfield** **Bureau of Vital Statistics**  
 or **State Board of Health**  
 Inc. Town of ..... **Registration District No. 1201** **Registered No. 64**  
 or ..... **(For use of Local Registrar)**  
 City of ..... **(No. .... St.; .... Ward)**  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Carl M. Murphy** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? **No** (5) Number in order of birth **1st** (6) **Yes** (7) DATE OF BIRTH **July 22, 1916**  
 (To be prepared only in case of Twins or Triplets) (Name of Month) (Day) (Year)

**FATHER.** (8) FULL NAME **Peter M. Murphy** (14) NAME BEFORE MARRIAGE **Fannie Groppe**  
 (9) PRESENT POSTOFFICE OF FATHER **Cheraw S.C.** (15) PRESENT POSTOFFICE OF MOTHER **Cheraw S.C.**  
 (10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **51** (16) COLOR OR RACE **Black** (17) AGE AT LAST BIRTHDAY **51**  
 (12) BIRTHPLACE **Chesterfield Co** (18) BIRTHPLACE **Chesterfield Co**  
 (13) OCCUPATION **Farmer** (19) OCCUPATION **Farm laborer**  
 (20) Number of children born to mother, including present birth **4** (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 **alive** at ..... **4** ..... **P. M.**  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Catherine Edwards** (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Cheraw S.C.**

Given name added from a supplemental report

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

(27) Filed **July 24, 1916** (28) **P. H. Ingram** Local Registrar

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.