

(1) PLACE OF BIRTH

County of Durham  
Township of Elizabeth  
of  
Inc. Town of  
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

Registration District No. 3604 Registered No. 480  
(For use of Local Registrar)  
St. Ward

(2) Full Name of Child Less Matthews Murphy 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 (6) Are Parents Married? No (7) DATE OF BIRTH July 18, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Williams  
(9) PRESENT POSTOFFICE OF FATHER Richwood S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Richwood S.C.  
(13) OCCUPATION Laborer  
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Murphy  
(15) PRESENT POSTOFFICE OF MOTHER Richwood S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Richwood S.C.  
(19) OCCUPATION Cook  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born at 12 noon M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Calla Cannon  
(23) State whether Physician or Midwife: Midwife (24) Address of Physician or Midwife: North S.C.

Given name added from a supplemental report  
191  
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by parent)  
(26) File July 24, 1922 (27) J. A. Waide 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.

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