

## (1) PLACE OF BIRTH

County of Marion  
 Township of Watson Creek  
 or  
 Inc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31230

Registration District No. 3200Registered No. 44  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Murray Dozier

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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter Dozier(9) PRESENT POSTOFFICE OF FATHER Greensboro S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Hester Dozier(15) PRESENT POSTOFFICE OF MOTHER Greensboro S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Victoria Wright(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greensboro S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 3, 22 (28) W. F. Brown  
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.