

## (1) PLACE OF BIRTH

County of YorkTownship of Rockwellor  
Inc. Town of .....or  
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

17480

Registration District No. 1704Registered No. 18  
(For use of Local Registrar)

St. .... Ward

## (2) Full Name of Child

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 21, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James H. Hefner</u>			(14) NAME BEFORE MARRIAGE <u>Charles E. Murray</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville, S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)			(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Summerville, S.C.</u>			(18) BIRTHPLACE <u>Summerville, S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth <u>one</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (House A. M. or P. M.)

on the date above stated.

(23) (Signature) Charles E. Murray  
(24) State whether Physician or Midwife(25) Address of Physician or Midwife  
Summerville, S.C.

Given name added from a supplemental report

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

(27) JUN 24 1923 (28) NO. P. I. A. WATSON  
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.