

Form No. 1

## (1) PLACE OF BIRTH

County of Lee  
 Township of Bishopville  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

Registration District No. 3000

File No.—For State Registrar Only  
**43350**

Registered No. 5-9  
 (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 Martha Murphy

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

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 10, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lefford Murphy  
 (9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth {

## MOTHER.

(14) NAME BEFORE MARRIAGE Lannie Brundage  
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Home work  
 (21) Number of children of this mother now living, including present birth {

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Carmilla Brown  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville 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 Jan 1923 (28) James N. J. Langley 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.