

1) PLACE OF BIRTH
Name of County.....
Township or
or
Name, Town or
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
Department of Vital Statistics
State Board of Health

File No.—For State Register Only

14469

Registration District No. 7509.

Registered No. 17
(For use of Local Registrar)

Ward No. 17
(No. Ward 17)

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

(1) Full Name of Child.....

1) SEX OF CHILD
GIRL
2) NAME OF FATHER
Robert Kunkel Murray
3) PRESENT PROTECTOR OF FATHER
Loris, Jr.
4) COLOR
White
5) AGE
37
6) BIRTHPLACE
Horry County, S.C.
7) RESIDENCE
Fairview, Horry
8) Father of subject born in
country, including present home

9) NAME OF MOTHER
Alice Guette Bellamy
10) PRESENT PROTECTOR OF MOTHER
Loris, Jr.
11) COLOR
White
12) AGE
33
13) BIRTHPLACE
Horry County, S.C.
14) RESIDENCE
Fairview, Horry
15) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ... *bare alive* at birth
on the date above stated.

(24) (Signature)

(25) State where physician or midwife

(26) Address of Physician or Midwife

Physician Loris, Jr., S.C.

Give name added from a supplemental report

(27) Witness

(Signature of Witness necessary only
when question 28 is signed by mark)

19
Registrar

(28) Filed

Nov. 17, 1923. (29) 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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