

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
Township of Morgan  
or  
Inc. Town of .....  
or  
(City of ..... (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only  
**27637**

Registration District No. 1004-2 Registered No. 47  
(For use of Local Registrar)

(2) Full Name of Child

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 4

(6) Any Previous Marriages yes

(7) DATE OF BIRTH

Sept 4, 1923  
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME

Bluet Guy

(9) PRESENT POSTOFFICE OF FATHER

Cherokee St.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

31  
(Years)

(12) BIRTHPLACE

W.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Murray

(15) PRESENT POSTOFFICE OF MOTHER

Cherokee St.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

W.C.

(19) OCCUPATION

Housekeeping

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Male at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician - Cherokee St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/10/23

(28) G. H. Scouge 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.