

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of Lugoff S.C.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

90496

Registration District No. 2704 Registered No. 245
(For use — Local Registrar)(2) Full Name of Child Spencer 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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 23 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Burkley Murphy(9) PRESENT POSTOFFICE OF FATHER Lugoff S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 17 24 (Years)(12) BIRTHPLACE Lugoff S.C.(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Martin(15) PRESENT POSTOFFICE OF MOTHER Lugoff S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Lugoff S.C.(19) OCCUPATION Housewife

(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) Midwife M. L. Murphy Lugoff S.C.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/9/15 (28) R. R. Thurman
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.