

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
Township of Columbia
or
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

23623

Registration District No. 301 Registered No. 18
(For use of Local Registrar)

(2) Full Name of Child Murray Harrington child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 20, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Harrington
(9) PRESENT POSTOFFICE OF FATHER Columbia
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Fairfield County
(13) OCCUPATION labor
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Angelen Martin
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Richland County
(19) OCCUPATION house keeping
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Murphy
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridge wood

Given name added from a supplemental report

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

(27) Filed 7-19 1923 (28) 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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