

Form No. 1

## (1) PLACE OF BIRTH

County of YmsburgTownship of Lawor  
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

545

Registration District No. 4305 Registered No. 11  
(For use of Local Registrar)(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Gra. Lee Murray If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet To be covered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married no (7) DATE OF BIRTH Feb 2, 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Richard Murray(9) PRESENT POSTOFFICE OF FATHER Heinemann S.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Ymsburg Co., S.C.(13) OCCUPATION farm laborer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Manda Paisley(15) PRESENT POSTOFFICE OF MOTHER Heinemann S.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Ymsburg Co., S.C.(19) OCCUPATION farm laborer(20) 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 9 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lda. Hannan(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Heinemann S.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 12, 23 (28) W. M. Moseley 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.

WRITE PLAINLY, WITH UNFADING 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 2

Revised by Columbia, Columbia, S. C.