

Form No. 1

(1) PLACE OF BIRTH

County of Adams
 Township of Adams
 or
 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
37825

Registration District No. 4108 Registered No. 103
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Murray, L. B. Jr. If child is not yet named, make supplemental report as directed

(3) SEX OR GUILD <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Present Married <u>yes</u>	(7) DATE OF BIRTH <u>November 18, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James L. Murray</u>			(14) NAME BEFORE MARRIAGE <u>F. L. Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Adams</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Adams</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Adams</u>		(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Adams</u>		
(19) OCCUPATION <u>Farmer</u>		(20) OCCUPATION <u>Farmer</u>		
(21) Number of children born to mother, including present birth <u>1</u>			(22) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Murray, L. B. Jr. (25) Address of Phys. or Midwife
 (26) State whether Physician or Midwife Physician

Given name added from a supplemental report

(27) Witness James L. Murray
 (Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed Nov 19, 1923 (29) J. B. Smith 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.