

THIS FORM IS TO BE FILLED BY A PERSON WHOSE NAME IS KNOWN TO THE REGISTRAR. IT IS NOT TO BE FILLED BY A PERSON WHOSE NAME IS UNKNOWN TO THE REGISTRAR. IF THE REGISTRAR IS NOT KNOWN TO THE REGISTRAR, THE REGISTRAR SHALL BE FILLED BY A PERSON WHOSE NAME IS KNOWN TO THE REGISTRAR. IF THE REGISTRAR IS NOT KNOWN TO THE REGISTRAR, THE REGISTRAR SHALL BE FILLED BY A PERSON WHOSE NAME IS KNOWN TO THE REGISTRAR.

(1) PLACE OF BIRTH

County of Colleton
 Township of Wichewater
 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
922

Registration District No. 1409 Registered No. 26
 (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 Baby Murray

(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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Murray
 (9) PRESENT POSTOFFICE OF FATHER Pitters S. C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Amber Murray
 (15) PRESENT POSTOFFICE OF MOTHER Pitters S. C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION House Keeper
 (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 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Whale Elliott

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Pitters S. C. A. S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 10 1922

(28) By Dr. H. B. Black

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.