

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Roaring creek

Inc. Town of

City of

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

(2) Full Name of Child Arising MurrayFile No.—For State Registrar Only
32471Registration District No. 4166 Registered No. 86
(For use of Local Registrar)

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept. 13</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>✓</u>	14) NAME BEFORE MARRIAGE <u>Arising Murray</u>	9) PRESENT POSTOFFICE OF FATHER <u>✓</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Haywood St</u>
10) COLOR OR RACE <u>✓</u>	11) AGE AT LAST BIRTHDAY (Year) <u>✓</u>	16) COLOR OR RACE <u>negro</u>	17) AGE AT LAST BIRTHDAY (Year) <u>22</u>
12) BIRTHPLACE <u>✓</u>	13) OCCUPATION <u>✓</u>	18) BIRTHPLACE <u>Sumter Co</u>	19) OCCUPATION <u>housewife</u>
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4. A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emeline James
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Haywood St

Given name added from a supplemental report

(26) Witness M. C. Haywood
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 19 19 22 (28) M. C. Haywood 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.

MARGIN RESERVED FOR BINDING.

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 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.