

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Weston  
 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

20188

Registration District No 406.2.B. Registered No. 47.....  
 (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 Elizabeth Murphy (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth 1 (6) Any Parents Married? yes (7) DATE OF BIRTH June 21, 1972  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Murphy

(9) PRESENT POSTOFFICE OF FATHER Weston

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Young

(15) PRESENT POSTOFFICE OF MOTHER Weston

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE C

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Bonnie at 8:00 A.M.  
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) W. H. Paine (24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife Weston

Given name added from a supplemental report:

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

(27) Filed June 21, 1972 (28) W. H. Paine 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.