

Form No. 1

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Lizana  
 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  
25000

Registration District No. 50.2 Registered No. 94  
 (For use of Local Registrar)

City of ..... (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 Louise Murphy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 29 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Norman Murphy  
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Calhoun Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Leavinia Robinson  
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE Calhoun Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa Caldwell  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews S.C.

Given name added from a supplemental report

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

(27) Filed Aug 30 1922 (28) W. F. Keller  
 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.