

(1) PLACE OF BIRTH

County of Hampton
 Township of Beulah
 or
 Inc. Town of Greene
 or
 City of Greene (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
30680

Registration District No. 2403 Registered No. 61
 (For use of Local Registrar)

(2) Full Name of Child Polly Murray 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 Sept 16 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Irish Murray
 (9) PRESENT POSTOFFICE OF FATHER Hampton, S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE NC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Marjorie Cooper
 (15) PRESENT POSTOFFICE OF MOTHER Hampton, S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE NC
 (19) OCCUPATION Housekeeper
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Julia A. Weston
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hampton, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by "X")
Sept 16, 1911 (27) JB McFarland 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.