

(1) PLACE OF BIRTH

County of *Lexington*Township of *Gilbert*

Inc. Town of

or

City of

(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

Registration District No. *3/07*

File No. — For State Registrar Only

35401

Registered No. *73*
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *-*(5) Number in order of birth *5*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

July 29, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harley Murray

(9) PRESENT POSTOFFICE OF FATHER

Gilbert, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1. Four

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Hunter

(15) PRESENT POSTOFFICE OF MOTHER

Gilbert, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* *b.* at *C.* M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *O. A. Smith, M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gilbert, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Signed

19

(28)

P. O. Shady
Local Registrar

Registrar

(29) Signed

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.

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RECEIVED BY COLUMBIA, COLUMBIA, S.C.