

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Anderson (No. Fretwell Alley)  
 (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  
**62939**

(2) Full Name of Child Mary Susan 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 1st (6) Are Parents Married? yes (7) DATE OF BIRTH June, 19, 1906  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Will Murray  
 (9) PRESENT POSTOFFICE OF FATHER Anderson, S.C. Fretwell Alley  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years) .....  
 (12) BIRTHPLACE Abbeville Co., S.C.  
 (13) OCCUPATION Mill laborer  
 (16) Number of children born to mother, including present birth VI

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lindsey Calhoun  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. Fretwell Alley  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 24  
 (18) BIRTHPLACE Abbeville Co. S.C.  
 (19) OCCUPATION House servant  
 (21) Number of children of this mother now living, including present birth 10

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:25 P. M., on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) H. A. Smith  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed \_\_\_\_\_ 191\_\_\_\_ (28) J. M. Ruyter  
 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.

WHEN NO PHYSICIAN, MIDWIFE, HOUSEHOLDER OR BIRTHDAY IS MENTIONED, THE REGISTRAR SHALL BE RESPONSIBLE FOR DETERMINING THE DATE OF BIRTH. 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.

WHEN NO REGISTRAR IS MENTIONED, THE REGISTRAR SHALL BE RESPONSIBLE FOR DETERMINING THE DATE OF BIRTH. 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.