

WHEN NOT A MARRIAGE, REGISTERED FOR BIRTH.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
County of Anderson
Township of
or
Inc. Town of 11
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, 1916
(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 34 (Years)
(12) BIRTHPLACE Abbeville Co., S.C.
(13) OCCUPATION Mill laborer
(14) 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 24 (Years)
(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 (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) H. 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.

Registrar Local Registrar
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