

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 6.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
COUNTY OF <u>CHARLES</u>				STATE OF SOUTH CAROLINA		3520	
TOWNSHIP OF <u>2nd Lt.</u>				BUREAU OF VITAL STATISTICS		State Board of Health	
INC. TOWN OF <u>Lansdale</u>				REGISTRATION DISTRICT NO. <u>911</u>		REGISTERED NO. <u>5</u>	
CITY OF <u>CHARLES TOWN</u>				(No. <u>5</u> <u>Smalls</u> St.; <u>Ward</u> )		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)							
(2) Full Name of Child <u>Betsy Murray</u>				(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Feb 17th</u> 19 <u>22</u>			
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>George Murray</u>				(14) NAME BEFORE MARRIAGE <u>Eugenia Smalls</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Midland Park</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Midland Park</u>			
(10) COLOR OR RACE <u>negro</u>				(16) COLOR OR RACE <u>negro</u>			
(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>33</u> 7/10 (Years)			
(12) BIRTHPLACE <u>S. C.</u>				(18) BIRTHPLACE <u>S. C.</u>			
(13) OCCUPATION <u>Plow-man</u>				(19) OCCUPATION <u>Washing</u>			
(20) Number of children born to mother, including present birth <u>(thirteen) (13)</u>				(21) Number of children of this mother now living, including present birth <u>1</u> 6			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Josiah Stridley</u>				(25) Address of Physician or Midwife <u>Midland Park</u>			
(24) State whether Physician or Midwife				(26) Witness <u>S. P. 11</u>			
Given name added from a supplemental report				(Signature of Witness necessary only when question 23 is signed by mark)			
19 <u>Feb 17th</u> Registrar				(27) Filed <u>Feb 17th</u> 19 <u>22</u> (28) <u>L. H. Thayer</u> 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.