

WRITE 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 make the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>29125</b>	
County of <u>Leah County</u> Township of <u>Union</u> or Inc. Town of ..... or City of .....				Registration District No. <u>801</u> Registered No. <u>80</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>James LeRoy Murchison</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 15 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Elave Murchison</u>			(14) NAME BEFORE MARRIAGE <u>Isabella Binyard</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>North</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>North</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>		(18) BIRTHPLACE <u>S. C.</u>			
(13) OCCUPATION <u>Farm hand</u>		(19) OCCUPATION <u>Farm hand</u>			
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>3</u>			
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>B. M. Cline</u> at <u>12</u> P. M., on the date above stated. (Born alive or stillborn. (Hour * M. or P. M.)					
(23) (Signature) <u>Lilce Stromas</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report ..... ..... ..... 19 ..... Registrar			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Sept 23 1922</u> (28) <u>J. H. Murchison</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.					
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ac Smith-sub.