

Form No. 1

(1) PLACE OF BIRTH

County of Lugoff
Township of
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
30882

Registration District No. 2709 Registered No.
(For use of Local Registrar)

(2) Full Name of Child Lucia Murphy

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

1. BOY OR GIRL GIRL 2. Twin or Triplet? No 3. Number in order of birth 1st 4. Are Parents Married? Yes 5. DATE OF BIRTH Sept 8 1922
(Name of Month) (Day) (Year)

FATHER

6. FULL NAME James Murphy
7. PRESENT POSTOFFICE OF FATHER Lugoff SC
8. COLOR OR RACE White 9. AGE AT LAST BIRTHDAY 23 (Years)
10. BIRTHPLACE Lugoff SC
11. OCCUPATION Farming

MOTHER

12. NAME BEFORE MARRIAGE Judith Hail
13. PRESENT POSTOFFICE OF MOTHER Lugoff SC
14. COLOR OR RACE White 15. AGE AT LAST BIRTHDAY 19 (Years)
16. BIRTHPLACE House Wife SC
17. OCCUPATION House Wife SC

18. Number of children born to mother, including present birth 1 19. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at Sept 8 1922 on the date above stated. (Born alive or dead) (Hour A.M. or P.M.)

(23) (Signature) Carter Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lugoff

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 8 1922 James H. G. Gandy 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.

NOTE: WITH UNPAID FEE—THIS IS A PERMANENT RECORD. IN THE 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 2.