

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Stokes Bridge
 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

31109

Registration District No. 3008Registered No. 63
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Murphy

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? No(7) DATE OF BIRTH 7/14

(Month) (Day) (Year)

(8) FULL NAME William Phillips

FATHER

MOTHER

(14) NAME BEFORE MARRIAGE William Phillips(9) PRESENT POSTOFFICE OF FATHER McBee Se Re(15) PRESENT POSTOFFICE OF MOTHER McBee Se(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 22
(Year)(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 17
(Year)(12) BIRTHPLACE SC(18) BIRTHPLACE SC(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(21) 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 born alive at 7:00 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Chymean

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Thompson St

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 10 19 14(28) W. M. Smith

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.