(1) PLACE OF BIRTH

County of Orangeburg

Township of Elloree

or

Inc. Town of .....

or

City of .....

(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: 29623

Registration District No. 3605 — Registered No. 95
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child [illegible] If child is not yet named, make supplemental report as directed

(3) Sex: [illegible]

(4) Twin or Triplet: [illegible]

(5) Number in order of birth: 4

To be answered only in event of Twins or Triplets

(6) Are Parents Married: Yes

(7) DATE OF BIRTH: Sept 22 1923 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: David Murray	(14) NAME BEFORE MARRIAGE: Minnie Fender
(9) PRESENT POSTOFFICE OF FATHER: Parler S.C. R3	(15) PRESENT POSTOFFICE OF MOTHER: Parler S.C. R3
(10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Orangeburg Co. S.C.	(18) BIRTHPLACE: Orangeburg Co. S.C.
(13) OCCUPATION: Farmer	(19) OCCUPATION: Farm wife
(20) Number of children born to mother, including present birth: 4	(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was alive at 4 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Haines

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Elloree S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness: Mrs Bertie C. Dantzler
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 26 1923 (28) [illegible]

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.