

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. _____ For State Registrar Only

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

77741

County of AndersonTownship of Wataugaor
Inc. Town ofor
City ofRegistration District No. 3704 Registered No. 154

(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 Emily Murphy

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

(3) BOY
GIRL Girl(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married Yes(7) DATE OF
BIRTH Aug 31(Name of Month) (Day) (Year) 1916

FATHER.

(8) FULL
NAME Geo Murphy(9) PRESENT
POSTOFFICE
OF FATHER Lugoff, S.C.(10) COLOR
OR
RACE negro(11) AGE AT LAST
BIRTHDAY 34

(Years)

(12) BIRTHPLACE County(13) OCCUPATION farmer(20) Number of children born to
mother, including present birth 8

MOTHER.

(14) NAME BEFORE
MARRIAGE Nora Murphy(15) PRESENT
POSTOFFICE
OF MOTHER Lugoff, S.C.(16) COLOR
OR
RACE negro(17) AGE AT LAST
BIRTHDAY 34

(Years)

(18) BIRTHPLACE County(19) OCCUPATION H-Wife(21) Number of children of this mother
now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lugoff, S.C.Given name added from a supplement
report

....., 191....

..... Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 9/30/16

1916

(28)

L. H. Harman
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.

FORM NO. 5

MARGIN RESERVED FOR BINDING.

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 mark the

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

McCaw, of Columbia.