

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Wahpete
 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

31762

Registration District No. 9618 Registered No. 66
 (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 Jessie Murray If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 22 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Murray
 (9) PRESENT POSTOFFICE OF FATHER Vance S C
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE S C
 (13) OCCUPATION Farm Hand

MOTHER.

(14) NAME BEFORE MARRIAGE Quinne Rambert
 (15) PRESENT POSTOFFICE OF MOTHER Vance S C
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE S C
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Gallie Surpster
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Vance S C

Given name added from a supplemental report

(26) Witness a c. Dantler
 (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Sept 15, 1922 (28) W. A. Dantler 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.