

PLACE OF BIRTH

City of AgawamCounty of Buffalo

Town of

or

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Annie Mae Murchison

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. 14536Registration District No. 270.2 Registered No. 73

(For use of Local Registrar)

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

NOT OF AGE?

(4) Twin or triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 2 1923

(Name of Month) (Day) (Year)

FULL NAME

Willie Murchison

PRESENT POSTOFFICE OF FATHER

Bethune S.C. 3

COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE

Greenville Co

OCCUPATION

Farm Hand

Number of children born to mother, including present birth

Five

(14) NAME BEFORE MARRIAGE

Rebecca Williams

(15) PRESENT POSTOFFICE OF MOTHER

Bethune S.C. 3

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE

Greenville Co

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11:45 P.M. (Hour, M. or P. M.) on the date above stated. (Born alive or stillborn)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

M.D.Bethune S.C.

Name added from a supplemental report

(25) Witness

(Signature of Witness necessary when question 23 is signed by father)

(26) Filed

1923Local 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.

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