

MARGIN RESERVED FOR BINDING.

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

B. 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 4.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Chesterfield</u>		STATE OF SOUTH CAROLINA		3423	
Township of <u>Cole</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>1203</u>		Registered No. <u>217</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>James Murray</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>Jan 29 1923</u>	
FATHER		MOTHER			
(8) FULL NAME <u>W. H. H. H.</u>		(14) NAME BEFORE MARRIAGE <u>Annie Murray</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Chesterfield</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Chesterfield</u>			
(10) COLOR OR RACE <u>Col</u>		(11) AGE AT LAST BIRTHDAY <u>42</u>		(17) AGE AT LAST BIRTHDAY <u>42</u>	
(12) BIRTHPLACE <u>Chesterfield S.C.</u>		(18) BIRTHPLACE <u>Chesterfield S.C.</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>			
(20) Number of children born to mother, including present birth <u>11</u>		(21) Number of children of this mother now living including present birth <u>11</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>9:35 P.M.</u> on the date above stated.					
(23) (Signature) <u>Dr. H. H. H. H.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Chesterfield S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....		(27) Filed <u>Feb 19 1923</u> (28) <u>M. S. Watson</u> 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.

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