Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
87922

(1) PLACE OF BIRTH
County of York
Township of Ebenezer
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.)

Registration District No. 4405 Registered No. 111
(For use of Local Registrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child. Arthur McMurray Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR ~~GIRL~~	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy	To be answered only in event of Twins or Triplets	3	Yr	Nov	22	1914

FATHER.

(8) FULL NAME Arthur McMurray
(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C. Rt 4
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION of Farm Laborer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE D. McMurray
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C. #4
(16) COLOR OR RACE Negress
(17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Laborer
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wenonah Gaines
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report ....., 191....
.....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11-30-1914. (28) T. H. Jackson
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.

MAKE A RECORD FOR EVERY BIRTH WHICH OCCURS IN YOUR DISTRICT. WRITE PLAINLY, USE INK AND DO NOT LEAVE BLANKS. IF INFORMATION CANNOT BE OBTAINED, WRITE "UNKNOWN." FILL OUT A SEPARATE BLANK FOR EACH CHILD. FILE FORM, No. 1, THE OTHER, No. 2, etc., in question 5.