

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 11or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85495

Registration District No. 1910 Registered No. 37
(For use of Local Registrar)

St.; Ward

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

(2) Full Name of Child Marie Lou Murphy(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 30 1916
(Name of Month) (Day) (Year)

Take answer only in case of twins or triplets

FATHER.

(8) FULL NAME Thomas Murphy(9) PRESENT POSTOFFICE OF FATHER Wallaceville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Fairfield(13) OCCUPATION day laborer(14) NAME BEFORE MARRIAGE Margaret Thompson(15) PRESENT POSTOFFICE OF MOTHER Wallaceville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Fairfield(19) OCCUPATION housewife(20) Number of children born to mother, including present birth 3(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 10 A. M., (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) W. H. Pearson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wallaceville(26) Witness W. H. Pearson (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 1916 (28) Local Registrar

Given name added from a supplemental report

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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.

THIS IS A PERMANENT RECORD. 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.