

Form No 1.

## (1) PLACE OF BIRTH

County of HamptonTownship of Brownsonor  
Inc. Town of .....or  
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

68878

Registration District No. 2402Registered No. 126  
(For use of Local Registrar)(2) Full Name of Child Murietta Liddon { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June, 28, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Liddon(9) PRESENT POSTOFFICE OF FATHER Brownson SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Hampton Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth. { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Eli R. R. R.(15) PRESENT POSTOFFICE OF MOTHER Brownson(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Hampton Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth. { 1 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. L. Budget

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife M. L. Budget

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 7/11 (28) J. W. Rogers 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.

ON SIGNED RECEIVED FOR BIRTHING.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THIS OTHER, NO. 2, ETC., IN QUESTION 5.

McGraw-Hill of Columbia