(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14001

9A

Registration District No. .....

Registered No. 738

(For use of Local Registrar)

(No. 14 No-Alexander St.; ..... Ward)

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

(2) Full Name of Child Jesse May Murrell

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

(3) BOY OR GIRL? G.

(4) Twin or Triplet? X

(5) Number in order of birth X

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 3 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Abraham Murrell	(14) NAME BEFORE MARRIAGE	Rosalie Johnson
(9) PRESENT POSTOFFICE OF FATHER	14 No-Alexander	(15) PRESENT POSTOFFICE OF MOTHER	14 No-Alexander
(10) COLOR OR RACE	C	(16) COLOR OR RACE	C
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Charleston,	(18) BIRTHPLACE	Charleston,
(13) OCCUPATION	Laborer	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	1	(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 born alive at 8 P.M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Robinson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: 52 Calhoun

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed 5/8 1922

(28) Arthur Green M.D.

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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN No. 1, THE OTHERS, No. 2, etc., in question 5.

WRITE PLAINLY. AVOID UNFADING INK—THIS IS A PERMANENT RECORD.

Secretary of Columbia, Columbia, S. C.