

(1) PLACE OF BIRTH
County of Union
Township of BOSANSVILLE

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
66498

Inc. Town of BUFFALO Registration District No. H.2.B. Registered No. 37
(For use of Local Registrar)
City of _____ (No. _____ 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 _____ { 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>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 4</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>JEFFERSON MURPHY</u> (9) PRESENT RESIDENCE <u>Buffalo S.C.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) (12) BIRTHPLACE <u>Cherokee Co. S.C.</u> (13) OCCUPATION <u>Card Room; Cotton mill</u> (14) Number of children born to mother, including present birth <u>2</u>				MOTHER. (14) NAME BEFORE MARRIAGE <u>SAVANNAH GARNER</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo, S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) (18) BIRTHPLACE <u>Spartanburg Co. S.C.</u> (19) OCCUPATION <u>Spinner; Cotton mill</u> (21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) R. P. Talley
(24) State whether Physician or Midwife _____
(25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report _____, 191____ Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>June 3 1916</u> (27) Filed <u>June 3 1916</u> (28) <u>Ans. L. No. 1000</u> Local Registrar
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*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.

COLUMBIA I. S. D.
STATE HEALTH OFFICER
BEN F. WYMAN, M.D.