

OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

414

Charleston S.C.

Charleston S.C.

Charleston S.C.

Registration District No.

Registered No.

23

(For use of Local Registrar)

Charleston S.C. No. 202 Spring St.

St. (For use of Local Registrar)

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

Name of Child. O. C. Murray

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

(1) Twin or Triplet?

(2) Number in order of birth

(3) Are Parents Married?

(4) DATE OF BIRTH

1-23

FATHER

phew Murray

Charleston S.C.

Negro (11) AGE AT LAST BIRTHDAY 29 (Years)

AGE 29

Lower Run.

Lower.

children born to including present birth

(14) NAME BEFORE MARRIAGE

Victoria Brown

(15) PRESENT RESIDENCE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE

Mt. Pleasant.

(19) OCCUPATION

Washer Woman

(20) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was born on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Added from a supplemental report

(24) Witness

(Signature of witness, necessary only when question is raised by mother)

(25) Filed

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If no attending physician or midwife, then the father, householder, etc., should make this return. If even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.