

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston, S.C.

(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

29231

Registration District No. 9A Registered No. 1361

(For use of Local Registrar)

(No. Mercy Maternity Hospital Ward)(2) Full Name of Child Sarah King Murray If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 3rd 1922</u> (Name) (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joseph James Murray(9) PRESENT POSTOFFICE OF FATHER 97 Church St City(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Edisto Island S.C.(13) OCCUPATION Chemist(20) Number of children born to mother, including present birth (One)

MOTHER.

(14) NAME BEFORE MARRIAGE Marquerite Hood(15) PRESENT POSTOFFICE OF MOTHER Char(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Bohester S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth (One)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edmund Phillips(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 9/19 1922 (28) Mercer 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.

RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

MCGRAW HILL, COLUMBIA, S. C.