

## (1) PLACE OF BIRTH

County of Chambers  
 Township of Etowah  
 or  
 Inc. Town of Etowah  
 or  
 City of Etowah

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only  
**29635**

Registration District No. 3606 Registered No. 46  
 (For use of Local Registrar)  
 (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 Hellie Murray If child is not yet named, make supplemental report as directed

(3) SEX OR Female (4) Date of Birth Sept 23 (5) Age 1 yr (6) DATE OF BIRTH Sept 23  
 To be covered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Luf Murray</u>	(14) NAME BEFORE MARRIAGE <u>Hellie Murray</u>	(9) PRESENT RESIDENCE OF FATHER <u>Etowah</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Etowah</u>
(10) COLOR OR RACE <u>Cul</u>	(16) COLOR OR RACE <u>Cul</u>	(11) AGE AT LAST BIRTHDAY <u>50</u>	(17) AGE AT LAST BIRTHDAY <u>39</u>
(12) BIRTHPLACE <u>NC</u>	(18) BIRTHPLACE <u>NC</u>	(13) OCCUPATION <u>Sub</u>	(19) OCCUPATION <u>Sub</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Hellie Murray (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Etowah

Given name added from a supplemental report

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

(27) Filed Sept 23 19 23 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.