

## (1) PLACE OF BIRTH

County of Union  
 Township of Bayonne  
 Inc. Town of .....  
 or  
 City of Buzzards

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

File No.—For State Registrar Only

30420

Registration District No. 428Registered No. 103  
(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 Darry May Murphy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 1st (6) Are Parents Married Yes DATE OF BIRTH Sept 15 23  
 (Name of Month) (Day) (Year)

FATHER.  
 (7) FULL NAME Paul Murphy  
 (8) PRESENT POSTOFFICE OF FATHER Bayonne, N.C.  
 (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 23  
 (Year) (11) BIRTHPLACE Beaufort S.C.  
 (12) OCCUPATION Operative Cotton Mill  
 (13) Number of children born to mother, including present birth Three

MOTHER.  
 (14) NAME BEFORE MARRIAGE Ida Rogers  
 (15) PRESENT POSTOFFICE OF MOTHER Bayonne, N.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
 (Year) (18) BIRTHPLACE Waynes Co N.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 P.M. on the date above stated. (Name A. M. or P. M.)(23) (Signature) J. P. Talley(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Union, N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 10 23

(28)

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.

\*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.