

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

File No.—For State Registrar Only
74598

(1) PLACE OF BIRTH

County of Richland

Township of

or
 Inc. Town of Ridgewood

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 360 FB Registered No.

(For use of Local Registrar)

(2) Full Name of Child. Darthy Murphy } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June, 1, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ed. J. Murphy

(9) PRESENT POSTOFFICE OF FATHER Ridgewood

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE don't know

(13) OCCUPATION Day Labor.

(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Cary Moorman

(15) PRESENT POSTOFFICE OF MOTHER Ridgewood

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Richland County

(19) OCCUPATION house keeping.

(21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at June 1, 1916 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Siddy Johnson midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
College Place, 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)

(27) Filed 9/9 191..... (28) J. H. Taylor
 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.