

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Berkley  
Township of James  
or  
Inc. Town of.....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**41085**

Registration District No..... Registered No.....  
(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 Adrian Lee Murphy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 14, 1922  
(Name of Month) (Day) (Year)  
To be answered only in case of Twin or Triplets

FATHER.

(8) FULL NAME A. M. Murphy  
(9) PRESENT POSTOFFICE OF FATHER Palmerville  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY..... (Years)  
(12) BIRTHPLACE Berkley Co  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Lewis  
(15) PRESENT POSTOFFICE OF MOTHER Palmerville  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY..... (Years)  
(18) BIRTHPLACE Berkley Co  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was..... at 6 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs M. B. Bradwell  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Palmerville

Given name added from a supplemental report

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

(27) Filed 12/18 1922 (28) G. W. Ward 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.