

22 050121

FILE No.—For State Registrar Only

02399

## 1. PLACE OF BIRTH

County of YORK

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Township of \_\_\_\_\_

or  
Inc. Town of \_\_\_\_\_or  
City of ROCK HILLRegistration District No. 44Registered No. \_\_\_\_\_  
(For use of Local Registrar)(No. CAUTION St.; \_\_\_\_\_ Ward)2. FULL NAME OF CHILD JOHN DUDLEY Mc MURRAY If child is not yet named, make supplemental report as directed.3. Boy or Girl BOY If Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 6. ~~Deceased~~ Full term YES 7. Are Parents Married? YES 8. Date of birth JUNE 27 1941  
(Month, day, year)9. Full name JOHN FRED Mc MURRAY FATHER18. Name before marriage LILLIE LEE SHEPANE MOTHER10. Residence (mailing address) (If non-resident, give place and State) ROCK HILL, S. C.19. Residence (mailing address) (If non-resident, give place and State) ROCK HILL, S. C.11. Color or race WHITE 12. Age at child's birth 27 (years)20. Color or race White 21. Age at child's birth 27 (years)13. Birthplace (city or place) (State or country) COUNTRY — S. C.22. Birthplace (city or place) (State or country) COUNTRY — S. C.14. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. TEXTILE23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. TEXTILE

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work NOV-1-40 1940 17. Total time (years) spent in this work 2025. Date (month and year) last engaged in this work FEB 21 1937 26. Total time (years) spent in this work 1427. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living YES (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was BORN ALIVE at 6:30 A.M. on the date above stated.  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from \_\_\_\_\_ a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Ma Lillie Mc Murray ParentFather Dead Guardian  
Address Winthrop S. C. 15096Filed 9/22/41 19 M. B. Woodward, M. D. Registrar.

Registrar.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
each, in order of birth, stated.  
(See instructions on Back of Certificate.)  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of