

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

1. PLACE OF BIRTH

County of YORK

Township of _____

or
Inc. Town of _____

or
City of ROCK HILL

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

2. FULL NAME OF CHILD

JOHN DUDLEY Mc MURRAY

3. Boy or Girl
BOY

If Plural
births

4. Twin, triplet or other

5. Number, in order of birth

6. ~~Birth date~~

Full term YES

7. Are Parents

Married? YES

8. Date of
birth

JUNE 27
(Month, day, year)

1937

9. Full
name

FATHER

JOHN FRED Mc MURRAY

10. 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)

13. Birthplace (city or place)
(State or country)

COUNTRY — S. C.

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

TEXTILE

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

16. Date (month and year) last
engaged in this work

NOV. 1, 1940

17. Total time (years)

spent in this work 20

OCCUPATION

18. Name before
marriage

MOTHER

LILLIE LEE SHEPARD

19. Residence (mailing address)
(If non-resident, give place and State)

ROCK HILL, S. C.

20. Color or race WHITE

21. Age at child's birth 20 (years)

22. Birthplace (city or place)
(State or country)

COUNTRY — S. C.

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.

TEXTILE

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

25. Date (month and year) last
engaged in this work

FEB 21, 1937

26. Total time (years)

spent in this work 14

27. 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) Mrs. Lillie M. Mc Murray, Parent

Father Dead, Guardian

Address Wilmington, S. C. 15096

Filed 9/22/41 19 M. B. Woodward, M. D.

Registrar

Registrar

22 050121

FILE No.—For State Registrar Only

02399

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 44

Registered No. _____
(For use of Local Registrar)

(No. CAUTION St.; _____ Ward)