

(1) PLACE OF BIRTH

County of Amur  
 Township of Jonesville  
 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  
79592

Registration District No. H204 Registered No. 67  
 (For use of Local Registrar)  
 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. Jessa May Murphy } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 30 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't know  
 (9) PRESENT POSTOFFICE OF FATHER Don't know  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE Don't know  
 (13) OCCUPATION Don't know  
 (20) Number of children born to mother, including present birth } 3

MOTHER.

(14) NAME BEFORE MARRIAGE May Murphy  
 (15) PRESENT POSTOFFICE OF MOTHER Jonesville  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE Cherokee Co  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susanna Henry (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

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 met 1916 (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.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1. COUNTY OF COLUMBIA