

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro  
Township of Blenheim  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only  
**4639**

Registration District No. .... Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child Nancy Murray

(If child is not yet named, make supplemental report as directed)

(a) BOY OR GIRL girl (c) Twin or Triplet No (d) Number in order of birth 1 (e) Are Parents Married yes (f) DATE OF BIRTH Feb 26 1923  
(Name of Month) (Day) (Year)

FATHER.

(g) FULL NAME Kennedy Murray  
(h) PRESENT POSTOFFICE OF FATHER Blenheim S.C.  
(i) COLOR OR RACE col (j) AGE AT LAST BIRTHDAY 27 (Year)  
(k) BIRTHPLACE Blenheim  
(l) OCCUPATION Farmer

MOTHER.

(m) NAME BEFORE MARRIAGE Nancy Murray  
(n) PRESENT POSTOFFICE OF MOTHER Blenheim S.C.  
(o) COLOR OR RACE Col (p) AGE AT LAST BIRTHDAY 23 (Year)  
(q) BIRTHPLACE Marlboro  
(r) OCCUPATION House wife

(s) Number of children born to mother, including present birth 3

(t) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(28) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated.  
(Born alive or stillborn) Hour - M. or P. M.)

(29) (Signature) John H. H. H.  
(30) State whether Physician or Midwife (31) Address of Phys. or Midwife

(Given name added from a supplemental report)

(32) Witness .....  
(Signature of Witness necessary only when question 28 is signed by mark)

Feb 26 1923 (33) John H. H. H. Local Registrar.

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it is a live birth. No report is desired of stillbirths or of pregnancy.

WRITER PLEASE PRINT NAME OF PHYSICIAN OR MIDWIFE IN FULL IN THE SPACE PROVIDED FOR SIGNATURE. No. 1 THIS FORM IS FOR THE STATE OF SOUTH CAROLINA. No. 2, etc., in question 2.