

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. PRINTING. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, REPEAT BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Charleston

Township of

OR

Inc. Town of

OR

City of Charleston

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

(2) Full Name of Child Daniel Edwin Murrie Jr

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth: To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Dec 11 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louis Edwin Murrie

(9) PRESENT POSTOFFICE OF FATHER 3 Hampstead Rd

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Hauling & Moving

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Elizabeth Whitcomb

(15) PRESENT POSTOFFICE OF MOTHER 3 Hampstead Rd

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE NC

(19) OCCUPATION Housewife

(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 Ann. Alex. at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John A. Nelson

(24) Sex & whether Physician or Midwife Phys

(25) Address of Physician or Midwife Durham Rd

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered by "Phys" or "Midwife")

Local Registrar

*When there was no attending physician or midwife, the mother, or other person, etc., should make this return. No report is desired of stillbirths.