

## (1) PLACE OF BIRTH

County of RichmondTown of RichmondCity of Richmond

(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

File No.—For State Registrar Only

12740

Registration District No. 3A Registered No. 152

(For use of Local Registrar)

City of Richmond (No. 1 St. 1 Ward 3)(2) Full Name of Child William C. Murphy If child is not yet named, make supplemental report as directed(3) DAY OF May (4) Date or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 3 (8) (Name of Month) (Day) (Year)

## FATHER.

(9) FULL NAME D. M. Murphy(10) PRESENT POSTOFFICE OF FATHER Richmond(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 34 (Years)(13) BIRTHPLACE R.C.(14) OCCUPATION Mail(15) Number of children born to mother, including present birth 1

## MOTHER.

(16) NAME BEFORE MARRIAGE Marion H. Higgs(17) PRESENT POSTOFFICE OF MOTHER Richmond(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 25 (Years)(20) BIRTHPLACE R.C.(21) OCCUPATION Mail(22) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 11 M.(24) (Signature) J. B. Higgs (25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

101

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) File May 13 1912 (28) J. B. Higgs 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.

a Supplementary report

Address 24 menFiled 19