

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Piedmont  
 OF  
 Inc. Town of .....  
 OF  
 City of Cuthbert

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5883

Registration District No. 310Registered No. 14  
(For use of Local Registrar)

(No. .... 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 B. A. Murphy

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH 1 20 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. A. Murphy  
 (9) PRESENT POSTOFFICE OF FATHER Auton, S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34  
 (12) BIRTHPLACE Pickens Co., S.C.  
 (13) OCCUPATION Cotton mill operator  
 (14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie James  
 (15) PRESENT POSTOFFICE OF MOTHER Auton, S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29  
 (18) BIRTHPLACE And. Co., S.C.  
 (19) OCCUPATION Housewife  
 (20) 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 alone at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. E. Foster

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Apr. 19 23 (28) H. M. Leavright 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Bureau of Columbia, Columbia, S. C.