

MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. WHITE PLAINS OR TRIPLES use a SEPARATE BLANK FOR EACH CHILD, and mark the N. B.—In case of FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cross Creek
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

91849

Registration District No. 4003 Registered No. 114
(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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 9 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wingfield William Murphy

(9) PRESENT POSTOFFICE OF FATHER Ensoree S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Laurens Co.

(13) OCCUPATION Cotton Mill Work

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sophie Lee Golden

(15) PRESENT POSTOFFICE OF MOTHER Ensoree S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Laurens Co.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. D. Hanna (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ensoree S.C.

Given name added from a supplemental report

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

(27) Filed Dec 9 1916 (28) C. D. Hanna 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.

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