(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

13074

Registration District No. 9 A

Registered No. 640.

(For use of Local Registrar)

(No. 71 Charlotte 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 Mary Marcella Murphy (If child is not yet named, make supplemental report as directed)

(3) [illegible] Child	(4) Twin or Triplet (To be answered only in event of Twins or Triplets)	(5) Number in order of birth: 6	(6) Mo. Parents Married: 2yrs	(7) Date of Birth: March 6th 28 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: George O'L Murphy

(9) PRESENT POSTOFFICE OF FATHER: Charleston S.C.

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 37 (Years)

(12) BIRTHPLACE: Charleston S.C.

(13) OCCUPATION: Office Clerk

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

MOTHER.

(14) MAIDEN NAME BEFORE MARRIAGE: Loretta M. Rouand

(15) PRESENT POSTOFFICE OF MOTHER: Charleston S.C.

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Charleston S.C.

(19) OCCUPATION: —

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 6 ..... M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Joseph Murphy M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 16 28 (Signature) Marion Quick M.D.

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.

..... Registrar

Filed 5/1, 19 28 J/C Gregg M.D.

Corrected: 9/10/28