(1) PLACE OF BIRTH

County of Hampton

Township of Lawton

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
27788
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Registration District No. 2401 Registered No. .....
(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 Martha Doty

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

BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
Girl	X (To be answered only in event of Twins or Triplets)	2	No.	July 15 1915

FATHER.	MOTHER.
FULL NAME: Jim Murphy	(14) NAME BEFORE MARRIAGE: Jane Bonner
PRESENT POSTOFFICE OF FATHER: Dent Trace	(15) PRESENT POSTOFFICE OF MOTHER: Sotia, S.C.
COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Dent Trace	(18) BIRTHPLACE: Hampton Co.
OCCUPATION: Laborer	(19) OCCUPATION: Farm Hand
Number of children born to mother including present birth: 2	(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 born alive or stillborn) at 9 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma Grant

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Sotia, S.C.

Name added from a supplemental report

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

(27) Filed Sept 1 1915 (28) M T Ellis
Local Registrar.

*In case of attendance by physician, midwife, the father, householder, etc., should make this return. If stillbirths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.