

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Beech Springs State Board of Health

File No.—For State Registrar Only
87350

Inc. Town of Registration District No. W.O.-C Registered No. 196
(For use of Local Registrar)
City of (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? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 10, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Jesse J. Morgan</u>	(14) NAME BEFORE MARRIAGE <u>Edith Weber</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Wellford S.C.R.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wellford S.C.R.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Spartanburg S.C.</u>	(18) BIRTHPLACE <u>Spartanburg S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth } <u>8</u>	(21) Number of children of this mother now living, including present birth } <u>8</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. Thompson

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

Given name added from a supplemental report

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

(27) Filed Nov 10 1916 (28) G. C. Adams 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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