

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Manning  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 1a.—For State Registrar Use  
**39955**

Registration District No. 1605 Registered No. 80  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Sean W. Morris If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Type or Triple To be covered only in case of Twin or Triple	(5) Number in order of birth	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>July 8, 1923</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charley Morris</u>			(14) NAME BEFORE MARRIAGE <u>Gary Wilkerson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dillon, R.F.D.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon, R.F.D.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)	
(12) BIRTHPLACE <u>L. Car</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated.  
 (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Williams  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Dillon, S.C.

Given name added from a supplementary report  
Mr. James  
1924  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
Dr. Williams  
 (27) Date Dec 25, 1927 (28) 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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