

## (1) PLACE OF BIRTH

County of Union  
 Township of Cross Key  
 or  
 Inc. Town of S.C.  
 or  
 City of S.C.

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

File No. — For State Registrar Only  
**2661**

Registration District No. 4200 Registered No. 3  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Anna Morman

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 Jan. 29 1911  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Wm. M. Morman

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

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 47  
 (Race) (Years)

(12) BIRTHPLACE Union County S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 10

## MOTHER

(14) NAME BEFORE MARRIAGE Jessie Epps

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

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 35  
 (Race) (Years)

(18) BIRTHPLACE Union County S.C.

(19) OCCUPATION Field Hand

(20) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Anna Morman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Union 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 1911 (28) H. J. Monahan  
 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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