

File No.—For State Registrar Only

County of Spokane

Township of ...Pasco...

INC. TOWN OF .....

City of .....

## STATE OF SOUTH CAROLINA

**Bureau of Vital Statistics**

**State Board of Health**

**State Board of Health**

Registration District No. 4006 Registered No. 29

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

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(2) BOY OR GIRL? *Girl* (3) Twins or Triplets? (4) Number in order of birth (5) Are Parents Married? *Yes* (6) DATE OF BIRTH *4-30-23*  
(Name of Month) (Day) (Year)

DATE OF BIRTH 4-30-23  
(Month) (Day) (Year)

# FATHER

10 FULL NAME Alan Morrison

9. PRESENT POSTOFFICE OF FATHER *W. Gould SC*

(19) COLOR OR RACE *White* (21) AGE AT LAST BIRTHDAY *28*  
(Year)

12 BIRTHPLACE 2

13. OCCUPATION \_\_\_\_\_

20. Number of children born to mother, including present birth 7

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Marlene Bon...*

(18) PRESENT POSTOFFICE OF BROTHER *Trough, S. C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26*  
(Years)

(10) **BIRTHPLACE** b

(10) OCCUPATION

(71) Number of children of this mother  
ever living, including present birth.

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(23) I hereby certify that I attended the birth of this child, who was at 06 M.,  
on the date above stated. 77 4 1 Born alive or stillborn Hour M. P. M.

(28) (Signature) W. R. [illegible]

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

Given name added from a supplement-  
tal report

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

(27) Filed 10-10-53 (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.