

(1) PLACE OF BIRTH

County of Spartanburg
Township of Parrot
or
Inc. Town of

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

File No. - For State Registrar Only
12107

Registration District No. 4006 Registered No. 17
(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 Louise Morgan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH 4-30-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edgar Morgan
(9) PRESENT POSTOFFICE OF FATHER Trough, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(12) BIRTHPLACE S.C.
(13) OCCUPATION Millwork
(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Bortin
(15) PRESENT POSTOFFICE OF MOTHER Trough, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour, M., & P. M.)

(23) (Signature) W. F. Knappe
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. D. Macle, S.C.

Give name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 5-10-23 (28) W. D. Macle 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.