CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only: 355

(1) PLACE OF BIRTH

County of Beaufort

Township of Sheldon

Registration District No. 6023 Registered No. 12 (For use of Local Registrar)

or Inc. Town of ..... St. ..... Ward)

or City of ..... (No. ..... St. ..... Ward)

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

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

(2) Full Name of Child Joseph Mayrant

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth 10	(6) Are Parents Married? yes	(7) DATE OF BIRTH Jan 28 1922 (Month) (Day) (Year)

FATHER

(8) FULL NAME William Morgan

(9) PRESENT POSTOFFICE OF FATHER Yemassee

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Beaufort Co

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Lucy Brown

(15) PRESENT POSTOFFICE OF MOTHER Yemassee

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE Beaufort Co

(19) OCCUPATION Home wife

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

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) Willard Howell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife .....

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

Registrar

(26) Witness ..... (Signature of witness necessary only when question 22 is signed by mark)

(27) Filed ..... 19 .....

(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.

WHITE PLAINLY, NEGRO CLEARLY, OTHERS SPECIFICALLY. MARGIN REQUIRED FOR BINDING. PENMANSHIP SHOULD BE GOOD. MARGIN REQUIRED FOR BINDING. PENMANSHIP SHOULD BE GOOD. MARGIN REQUIRED FOR BINDING. PENMANSHIP SHOULD BE GOOD.

N. B.—In case of TWINS OR TRIPLETS, write TWIN (TRIPLET), No. 1, etc., in addition to number in family.

MACON OR COLUMBIA, COLUMBIA, S. C.