

Form No. 1

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of Eastatawa  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**50227**

Registration District No. 3703 Registered No. 1  
 (For use of Local Registrar)

(2) Full Name of Child Robert Thurlina Morgan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 10  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Marcus Ordellus Morgan  
 (9) PRESENT POSTOFFICE OF FATHER Winnons, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE Pennsylvania Co. W. V.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Arie Violettie Stewart  
 (15) PRESENT POSTOFFICE OF MOTHER Winnons, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE Pickens Co. S.C.  
 (19) OCCUPATION House Keeping  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) E. Elizabeth Grayley  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pickens, Route 3, 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 Mar 13 1914 (28) A. T. Winchester  
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.