

Form No. 10. MARGIN RESERVED FOR BINDING. WITHE 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.

(1) PLACE OF BIRTH

County of Hampton  
Township of Goethe  
or  
Inc. Town of Estill  
or  
City of

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

File No. For State Registrar Only  
52540

Registration District No. 2400 Registered No. 20  
(For use of Local Registrar)  
St. Ward

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Mar. 2, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Isadore Morgan  
(9) PRESENT POSTOFFICE OF FATHER Estill  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY — (Years)  
(12) BIRTHPLACE Springfield S. C.  
(13) OCCUPATION Saw mill hand  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Lula Nelson  
(15) PRESENT POSTOFFICE OF MOTHER Estill  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Orangeburg  
(19) OCCUPATION Wash woman  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Katherine Williams  
(24) State whether Physician or Midwife mid-wif (25) Address of Physician or Midwife Estill, S. C.

Given name added from a supplemental report  
..... 191.....  
Registrar

(26) Witness Lula Nelson  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Mar. 9, 1916 (28) Mrs. H. H. Vincent  
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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