

Form No. 3

1. PLACE OF BIRTH

County of SumterTownship of Mayevilleor
Inc. Town of

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINABureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Office

44825

Registration District No. 4102 Registered No. 27
(For use of Local Registrar)

St. :

Ward

2. Full Name of Child Abel Morrison
(If birth occurs in hospital or other institution, give name of same instead of street and number.)
{ If child is not yet named, make supplemental report as directed.3. BOY Girl 4. Twin or Triplet? — 5. Number in order of birth — 6. Are Parents Married? Yes 7. DATE OF BIRTH Oct. 21, 1923
(Name of Month) (Day) (Year)FATHER
8. FULL NAME Richard Morris
9. PRESENT POSTOFFICE OF FATHER Turbeville, S.C.
10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 29 (Years)
12. BIRTHPLACE Clarendon Co
13. OCCUPATION Farming
20. Number of children born to mother, including present birth 3MOTHER
14. NAME BEFORE MARRIAGE Josephine Holaday
15. PRESENT POSTOFFICE OF MOTHER Turbeville, S.C.
16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 23 (Years)
18. BIRTHPLACE Clarendon Co
19. OCCUPATION Domestic
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 at 10 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.23. Signature Lethie X Roberson
Midwife Turbeville, S.C.
24. State whether Physician or Midwife 25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness Richard X Morris
(Signature of Witness necessary only when question 23 is signed by mark)27. Filed May 20, 1924 at Clarendon Co
Registrar 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.MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. P.—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 3.

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