

## (1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30561

Registration District No. 44-H Registered No. 42

(For use of Local Registrar)

City of York (No. 44-H St. 42 Ward 4)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Alan Morrison

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

(1) SEX OR  
SEX Male(4) Twin  
or triplet?(5) Number in  
order of birth

To be answered only in case of twins or triplets

(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH 6.10.10

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Alan Morrison(9) PRESENT  
POSTOFFICE  
OF FATHER York(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 28

(Years)

(12) BIRTHPLACE York(13) OCCUPATION Teacher(14) Number of children born to  
mother, including present birth 5

## MOTHER.

(15) NAME BEFORE  
MARRIAGE Louise May(16) PRESENT  
POSTOFFICE  
OF MOTHER York(17) COLOR  
OR  
RACE White(18) AGE AT LAST  
BIRTHDAY 26

(Years)

(19) BIRTHPLACE York(20) OCCUPATION Teacher(21) Number of children of this mother  
now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at York at 2.10 P.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife YorkGiven name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Sept 13, 1923(28) Bessie Harris  
Local Registrar\*When there was no attending physician or midwife, then the father householder etc., should make this return.  
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.If a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.