

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of twins or triplets use a separate blank for each child, and mark in  
P.B.—In case of twins or triplets use a separate blank for each child, and mark in  
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(1) PLACE OF BIRTH

County of Cherokee  
Township of Swainsboro  
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

663

Registration District No. 10a Registered No. 9  
(For use of Local Registrar)

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

(2) Full Name of Child Minnie Louise Morgan

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan - 22 - 1922  
(Date of Month) (Day) (Year)

FATHER.

(8) FULL NAME Grasheim M. Morgan  
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C. - R # 3  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Year)  
(12) BIRTHPLACE Cherokee County, S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Phillips  
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C. - R # 3  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Year)  
(18) BIRTHPLACE Richwood, W. Va.  
(19) OCCUPATION Housewife  
(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 alive at 12:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grasheim M. Morgan  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/10 22 (28) W. F. Smith 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.