

WHITE PLAINLY, WITH A SPACING LINE—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 8

(1) PLACE OF BIRTH
County of Spartanburg
Township of Spartanburg
or
Inc. Town of Whitney
or
City of

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

File No.—For State Registrar Only
20249

Registration District No. 4008 Registered No. 175
(For use of Local Registrar)

City of (No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Albert Lee 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 (6) Are Parents Married? yes (7) DATE OF BIRTH May 14 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Marvin Morgan
(9) PRESENT POSTOFFICE OF FATHER Whitney S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Gene
(13) OCCUPATION Cottonmill
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Ertie Gamm
(15) PRESENT POSTOFFICE OF MOTHER Whitney S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Gene
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Chapman
(24) State whether Physician or Midwife Physo (25) Address of Physician or Midwife Whitney 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 7-1-22 1922 (28) W. J. Parker 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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