

(1) PLACE OF BIRTH

County of Cherokee  
Township of Goodysville  
or  
Inc. Town of .....  
or  
City of .....

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

Registration District No. 22 <sup>1002</sup>

File No.—For State Registrar Only  
**41486**

Registered No. 64  
(For use of Local Registrar)

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

(2) Full Name of Child Ernest Morris

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married? yes

(7) DATE OF BIRTH July 15  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Ernest Morris

(9) PRESENT POSTOFFICE OF FATHER Wilkinsville

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 34  
(Years)

(12) BIRTHPLACE

Union, Co.

(13) OCCUPATION

farming

(20) Number of children born to mother, including present birth

5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Martha Ann

(15) PRESENT POSTOFFICE OF MOTHER Wilkinsville

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE

Union, Co.

(19) OCCUPATION

house keeping

(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 alive ..... at 4 ..... A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lula Pyars Wilkinsville

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Sam J. Strain 19 22  
Registrar

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

(27) Filed Dec 30 19 22 (28) Sam J. Strain  
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.