

Form No. 1

## (1) PLACE OF BIRTH

County of LAURENS  
 Township of LAURENS  
 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  
**30988**

Registration District No. 7904 Registered No. 111  
 (For use of Local Registrar)  
 (No. 3 R.T.D.) St. .... Ward .....

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 13</u> 19 <u>27</u> (Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Frank Lafayette Morrison</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Maude Estelle Stone</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C. R.T.D. 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C. R.T.D. 3</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 1036 a M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. W. Barclay M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician CINTON SC.

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 22 is signed by mark)  
Sgt. L. J. P. P. P.  
 (27) Filed 19 (28) 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.

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 5.