

(1) PLACE OF BIRTH

County of Spartanburg
Township of Woodruff
or
Loc. Town of Woodruff
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

16664

Registration District No. 40 B Registered No. 47
(For use of Local Registrar)

(No. St. Ward)
City of

(2) Full Name of Child. Daisy Clara Morris } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet Triple (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5 / 3 / 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME W H Morris
(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Laurens Co
(13) OCCUPATION mill work
(14) Number of children born to mother, including present birth 14

MOTHER.
(14) NAME BEFORE MARRIAGE Aunice Rogers
(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Spartanburg Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 at am on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) B J Workman
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Woodruff S.C.

Even name added from a supplemental report
..... 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Chas J Boyter
(27) Filed 6/17/22 (28) Chas J Boyter 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.

..... Local Registrar

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