

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—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 5.
 MORGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurens
 Township of Laurens
 or
 Inc. Town of
 or
 City of Laurens

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15566

Registration District No. 29 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.)

(2) Full Name of Child Osceola Mabel (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 6 6) Are Parents Married Yes 7) DATE OF BIRTH May 25 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Osceola Mabel
 9) PRESENT POSTOFFICE OF FATHER Laurens
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 30
 (Years)
 12) BIRTHPLACE Texas
 13) OCCUPATION Rail overseer
 20) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Maud Corb Bessett
 15) PRESENT POSTOFFICE OF MOTHER Laurens
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 30
 (Years)
 18) BIRTHPLACE Laurens Co
 19) OCCUPATION Domestic
 21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. J. Christopher MD
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens 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 5/26 1922 (28) C. Kennedy 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.