

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.

City of Columbia.

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of _____
 or
 Inc. Town of _____
 or
 City of Orangeburg, S.C. (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

47017

(2) Full Name of Child Abigail Morris Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin Twin or Triplet? (5) Number in order of birth (6) Are marria Parents Married? (7) DATE OF BIRTH Jan 12 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abigail Morris Sr(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Summerville, S.C.(13) OCCUPATION Uncle Sam assistant(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Leah J. J. J. J.(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Orangeburg, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:50 a.m. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Rena Johnson(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Orangeburg, 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 Jan 25 1916 (28) W. A. Dukes 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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