

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of Indian Land
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only

35175

Registration District No. 2805Registered No. 26
(For use of Local Registrar)(2) Full Name of Child Thomas Morrow If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 2, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Urban Banks Morrow(9) PRESENT POSTOFFICE OF FATHER Osceola S. Car.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Lancaster Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Henrie Bowles(15) PRESENT POSTOFFICE OF MOTHER Osceola S. Car.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE Rockingham N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.
on the date above stated. (Born alive or stillborn) (Hour am or P. M.)(23) (Signature) Jane Porter(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Osceola S. Car.

Given name added from a supplemental report

(26) Witness

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

B. J. Richardson
Registrar(27) Filed Oct 1, 22

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.

MARGIN RESERVED FOR RUBBING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

MADE AT COLUMBIA, COLUMBIA, S. C.