

## (1) PLACE OF BIRTH

County of

Colleton...

Township of

Ryder...

Inc. Town of

Ritters, S.C.

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27904

Registration District No. 1409

Registered No. ....  
(For use of Local Registrar)

(No. ....)

St. ....

Ward) ....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child: Rufus A. Morris

a. BOY OR GIRL

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

July 10, 1923

## FATHER.

## MOTHER.

b. FULL NAME

Rufus A. Morris

(14) NAME BEFORE MARRIAGE

Dora Farrow

c. PRESENT POSTOFFICE OF FATHER

Ritters, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Ritters, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

South Carolina

(18) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

5

(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 on the date above stated.

born alive at 9 A. M.

(23) (Signature)

J. C. Houder, M.D.

(24) State whether Physician or Midwife

(25) Address of Physn. or Midwife

Given name added from a supplemental report

Janis Fairry

(26) Witness

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

(27) Filed

1923

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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