

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH CAPS AND INK. THIS IS A PERMANENT RECORD, and mark the
 N. R.—In case of TWINS OR TRIPLETS use "SEPARATE" for each child, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH
 County of Sumner
 Township of Gous Bay
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
85653

Registration District No. 2014 Registered No. 66
 (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 Clifton Morgan

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Yes (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 16 1916
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Charles Morgan
 (9) PRESENT POSTOFFICE OF FATHER Effing Lane S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE D.C.
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 5

MOTHER
 (14) NAME BEFORE MARRIAGE Thannie Morgan
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 3:30 M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) Ann Brooks
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark) De Hise
 (27) Filed Mar 20 1916 (28) Local Registrar.

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.