

(1) PLACE OF BIRTH
County of ... *Aiken*....
Township of ... *Simpson*....
Inn. Town of
or
City of *Grantsville*.
(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

No. 101-10750 X
20750

Registration District No. *244*..... Registration No. *101*.....
(For use of local Registrar)

(2) Full Name of Child *Esterelle P. Morris*.....
If child is not yet named, make supplemental report as directed

(4) BOY OR GIRL? <i>Girl</i>	(5) TYPE OF FATHER? <i>Unknown</i>	(6) NUMBER IN ORDER OF BIRTH <i>Unknown</i>	(7) ARE PARENTS MARRIED? <i>Yes</i>	(8) DATE BIRTH <i>Date 20, 1942</i> (Name of Month) (Day) (Year) MOTHER
FATHER				
(9) FULL NAME <i>Lester Morris</i>				
(10) PRESENT POSITION OF FATHER <i>Minister</i> D.C.				
(11) COLOR OR RACE <i>Colored</i>	(12) AGE AT LAST BIRTHDAY <i>26</i> (Years)	(13) COLOR OR RACE <i>Colored</i> (14) AGE AT LAST BIRTHDAY <i>26</i> (Years)		
(15) BIRTHPLACE <i>Aiken, Co</i>				
(16) OCCUPATION <i>House wife</i>				
(17) Number of children born to mother, including present birth <i>2</i>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* ^{as} *Born alive or stillborn*, ^{at} *Home A.M. or P.M.*
on the date above stated.
(23) (Signature) *H. L. Turpitt, M.D.*
(24) State whether Physician or Midwife (25) Address of physician or midwife
Medicine Grantsville D.C.

*Given same added from a supplemen-
tal report
101
Registrar

(26) Witness
(Signature of witness necessary only
when question 23 is signed by mark)
(27) Dated *Mar. 6, 1942* *H. L. Turpitt, M.D., M.D.*
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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