

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or

City of

(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

16814

Registration District No. 4009

Registered No. 53
(For use of Local Registrar)

(2) Full Name of Child

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

3 BOY OR GIRL

Boy

4 Twin or Triplet?

To be answered only in event of Twins or Triplets

5 Number in order of birth

6 Are Parents Married? yes

7 DATE OF BIRTH

May 5, 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Lies Morris

9 PRESENT POSTOFFICE OF FATHER

Enore R.F.D.

10 COLOR OR RACE

Black

11 AGE AT LAST BIRTHDAY

49
(Years)

12 BIRTHPLACE

Lawrence Co.

13 OCCUPATION

Farmer

MOTHER.

14 NAME BEFORE MARRIAGE

Lellie Young

15 PRESENT POSTOFFICE OF MOTHER

Enore R.F.D.

16 COLOR OR RACE

Black

17 AGE AT LAST BIRTHDAY

38
(Years)

18 BIRTHPLACE

Lawrence Co.

19 OCCUPATION

Domestic

20 Number of children born to mother, including present birth

13

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... at... M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 10, 1922

(28)

Chas. L. Boyter
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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