

## (1) PLACE OF BIRTH

County of GreenvilleTownship of 16Inc. Town of Sal. HillCity of Greenville

(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

28590

Registered No. 2709.a

(For use of Local Registrar)

## (2) Full Name of Child

Do. Mylie Morgan

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

1. SEX Girl2. DATE OF BIRTH Sept 23 1923

(Month) (Day) (Year)

3. FATHER'S FULL NAME William Spurgeon Morgan4. PRESENT POSTOFFICE OF FATHER Greenville, S.C.5. COLOR OR RACE W.6. BIRTHPLACE N.C.7. AGE AT LAST BIRTHDAY 35

(Year)

8. OCCUPATION Textile worker9. Number of children born to mother, including present birth 110. MOTHER'S FULL NAME Alma Lee Gilliland11. PRESENT POSTOFFICE OF MOTHER same12. COLOR OR RACE W.13. BIRTHPLACE N.C.14. AGE AT LAST BIRTHDAY 18

(Year)

15. OCCUPATION Laundry16. Number of children of this mother now living, including present birth 1

## 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.(23) (Signature) [Signature](24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed Sept 25 1923

(27)

Local Registrar A. H. Mackey

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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