

## (1) PLACE OF BIRTH

County of Willingham  
 Township of Johnston  
 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

32650

Registration District No. 4204 Registered No. 67  
 (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.)

## (2) Full Name of Child

Eugene Morris

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 20 1922  
 (Name of Month) (Day) (Year)

FATHER Emmon  
 (8) FULL NAME G. Eugene Morris

MOTHER Williamson  
 (14) NAME BEFORE MARRIAGE John Williamson

(9) PRESENT POSTOFFICE OF FATHER Hammagway Bc.

(15) PRESENT POSTOFFICE OF MOTHER Hammagway Bc.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Wilmington Bc.

(18) BIRTHPLACE Wilmington Bc.

(13) OCCUPATION Iron

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 15

(21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Graham M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hammagway Bc.

Given name added from a supplemental report

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

19.....  
 Registrar

(27) Filed 14/11 1922 (28) R. H. Graham  
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.