

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19199

**(1) PLACE OF BIRTH**

County of Lancaster  
Township of Hills Creek  
or  
Inc. Town of .....

Registration District No. 257 Registered No. 116  
(For use of Local Registrar)

City of ..... (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** James S. Morton

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

3 BOY OR GIRL? <u>B.</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 22 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

8 FULL NAME James S. Morton  
9 PRESENT POSTOFFICE OF FATHER Lancaster S.C.  
10 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)  
12 BIRTHPLACE North Carolina  
13 OCCUPATION Mill Hand

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lillian Stewart  
(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Lancaster S.C.  
(19) OCCUPATION Housewife

20 Number of children born to mother, including present birth 3 (21) Number of children of this mother new living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 2:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report  
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.....  
..... 19  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 22 1922 (28) [Signature] 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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FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 5. MCGRAW HILL BOOK CO. COLUMBIA, S. C.