

(1) PLACE OF BIRTH

County of Laurens  
Township of Mill Creek  
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  
**19199**

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

(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? B. 4 Twin or Triplet? ..... 5 Number in order of birth ..... 6 Are Parents Married? yes 7 DATE OF BIRTH Jan 22 1922  
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME James S. Morton  
9 PRESENT POSTOFFICE OF FATHER Laurens 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 Howard  
15 PRESENT POSTOFFICE OF MOTHER Laurens S.C.  
16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 29 (Years)  
18 BIRTHPLACE Laurens S.C.  
19 OCCUPATION Housewife

20 Number of children born to mother, including present birth 13 21 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2:40 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 Midwife (25) Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report

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

(27) Filed Jan 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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