

(1) PLACE OF BIRTH

County of DeaneTownship of Kelvin

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margaret Lucy Ruth ^{child is not yet named, make supplemental report as directed}

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 23, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Paul Morgan(9) PRESENT POSTOFFICE OF FATHER Henry S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 18 (Year)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Cotton Milling(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Newton(15) PRESENT POSTOFFICE OF MOTHER Henry S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE Pickens Co S.C.(19) OCCUPATION housewife(21) 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 at 5:25 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M.C. Peters(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife W. C. Peters

Given name added from a supplemental report

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

(27) Filed Oct 10 19 23 (28) S. M. A. W. S. M. A. 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.

Section of Columbia, Columbia, S. C.

NOTE: IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29492

Registration District No. 3502 Registered No. 48
(For use of Local Registrar)

(No. St.; Ward)

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