

Form No. 1

(1) PLACE OF BIRTH

County of HamptonTownship of Laistonor
Inc. Town ofor
City of(No. St.; Ward)
(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

42902

Registration District No. 2401 Registered No. 104

(For use of Local Registrar)

(2) Full Name of Child Morris James Camm 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12, 1927
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Morris Camm</u>	(14) NAME BEFORE MARRIAGE	<u>Catherine Adams</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Yamett. S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Yamett. S.C.</u>
(10) COLOR OR RACE	<u>Black.</u>	(16) COLOR OR RACE	<u>Black.</u>
(11) AGE AT LAST BIRTHDAY	<u>24</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>21</u> (Years)
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Saw Mill Hand</u>	(19) OCCUPATION	<u>Farm work</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Ann Jackson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Yamett. S.C. R.F.D. 1

Given name added from a supplemental report

(26) Witness W. C. Richardson

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

(27) Filed Dec 19, 1927

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.

W. E. Ellis SR

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 5.