

Form No. 10. MARGIN RESERVED FOR BINDING. 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Union
Township of Highland
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
44883

Registration District No. 4203 Registered No. 45
(For use of Local Registrar)
St.: Ward)
(No. instead of street and number.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marion Morgan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 8 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Will Morgan
(9) PRESENT POSTOFFICE OF FATHER Carlisle
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Gard
(15) PRESENT POSTOFFICE OF MOTHER Carlisle
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE SC
(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 alive at 11:00 P. M., (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Martha Kelley
(23) (Signature)
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)
(27) Filed Dec 11 1915 (28) W. H. P. 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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