

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town of Sumteror
City of Sumter(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. 116 S. Beauding St.; 3 Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

91940

Registration District No. 41A Registered No. 236

(For use of Local Registrar)

(2) Full Name of Child Jesse Lee Morris Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jesse Lee Morris(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Sumter P.C.(13) OCCUPATION Clerk(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Lee Durant(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Sumter County(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 Aline at 3 a M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. A. Moore(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Sumter S.C.

Given name added from a supplemental report

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Registrar

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

(27) Dec 19 1916 (28) H. J. McKay 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.

fifth month of pregnancy.

K O D A K S A F E