

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

(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

3190

Registration District No. 9ARegistered No. 275

(For use of Local Registrar)

(No. 48 Smith St. .... Ward)(2) Full Name of Child Charles Russell Morris (If child is not yet named, make supplemental report as directed)(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 1 1928  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Russell Morris (14) NAME BEFORE MARRIAGE Slaps, Simon Davis(9) PRESENT POSTOFFICE OF FATHER Charleston S.C. (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (12) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20  
(Year)(13) BIRTHPLACE Brooklyn N.Y. (18) BIRTHPLACE Augusta Ga.(19) OCCUPATION Purchasing agent (20) OCCUPATION Domestic(21) Number of children born to mother, including present birth Two (22) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated. (Born alive or stillborn. Hour, A. M. or P. M.)(24) (Signature) St. Bowers M.D. (25) Address of Physician or Midwife 106 Broad St.

Given name added from a supplemental report

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

(27) Filed 7/2 73 (28) J. Morris Local Registrar

\*When there was no attending physician or midwife, then the father, householders, 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.