

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, No. 1. THE OTHER, No. 2, etc., in question 6.
 McCaw, of Columbia

(1) PLACE OF BIRTH

County of Cherokee
 Township of
 or
 Inc. Town of
 or
 City of Cherokee (No. 35 Street St.)
 (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

45544

(2) Full Name of Child Alan Morris } 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 Jan. 7, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nicolas Morris
 (9) PRESENT POSTOFFICE OF FATHER 35 Blount St
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Hatchersville S.C.
 (13) OCCUPATION Printer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Crosby
 (15) PRESENT POSTOFFICE OF MOTHER 35 Cooper St
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Hatchersville S.C.
 (19) OCCUPATION Domestic
 (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 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. S. Huxley, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Roper Hospital

Given name added from a supplemental report
9/10 1916
W. H. Huxley
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1/14/16 (28) W. H. Huxley 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.