

Form No. 1

## (1) PLACE OF BIRTH

County of MecklenburgTownship of CCor  
Inc. Town of CCor  
City of CC

(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

49296

Registration District No. 2209Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Garris Lee Morris(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth  
To be numbered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH July 21  
(Name of Month) (Day) (Year)

If child is not yet named, make supplemental report as directed

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 24  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 2:15 P.M. on the date above stated.(23) (Signature) J. M. Wallace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 71916

(28)

A. H. Mackey

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. R.—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 5.  
McCAW of Columbia