

(1) PLACE OF BIRTH

County of YamhillTownship of Turkeyor
Inc. Town of

City of

(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

24287

Registration District No. 4511 Registered No. 2
(For use of Local Registrar)(2) Full Name of Child Margaret Morris If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>May 4 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Davidson Pressley(9) PRESENT POSTOFFICE OF FATHER McMurtree S.C. R.T.D.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Hambleton County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Amelia Scott(15) PRESENT POSTOFFICE OF MOTHER McMurtree S.C. R.T.D.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Yamhill County(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. D. Jacobs(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Kingston S.C.

Given name added from a supplemental report

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

(27) Filed May 16 1922 (28) L. E. Snowden 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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