

(1) PLACE OF BIRTH

County of Port

Township of

Inc. Town of

City of Rock Hill

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Charles E. Morton

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

(3) BOY OR GIRL
Boy(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH

BIRTH Sept. 16, 1922
(Name of Month) (Day) (Year)

(8) FULL NAME

Charles E. Morton

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill, S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 19
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Col. with operation

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

1

(14) NAME BEFORE MARRIAGE

Mary Williams

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill, S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 19
(Year)

(18) BIRTHPLACE

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 at 104 at 8 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(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

1074

19

22

(28)

J. E. Miller

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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32701

Registration District No. 44 B Registered No. 169

(For use of Local Registrar)

N. 1.—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.