

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the N. B.—in case of FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of 11
or
Inc. Town of 11
or
City of 11

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

(2) Full Name of Child

George Morgan

(3) BOY OR GIRL

(4) Twin or Triplet

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

(6) Are Parents Married?

(7) DATE OF BIRTH

Registered No. 23
(For use of Local Registrar)

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

FATHER

(8) FULL NAME

Walter Morgan

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

29
(Year)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Laborer

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

one

MOTHER

(14) NAME BEFORE MARRIAGE

Hendricks Clin

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

17
(Year)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. B. Harrison

(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 24 is signed by mark)

(27) Filed

Nov 30

19 24

(28)

J. B. Harrison

Local Registrar

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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Local Registrar
this return
births