

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

OR

Inc. Town of

OR

City of

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

(2) Full Name of Child Walter Darwin Morrison

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

(3) BOY OR GIRL Boy	(4) Type of Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Great Grandchildren	(7) DATE OF BIRTH JAN 7th 1923 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John J Morrison.(9) PRESENT POSTOFFICE OF FATHER Blacksburg S.U.R.F.D.2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Welch.(15) PRESENT POSTOFFICE OF MOTHER Blacksburg S.U.R.F.D.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 11-300a. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) John J. Morrison(23) State whether Physician or Midwife M.D. (24) Address of Physician or Midwife Blacksburg S.C.

(25) Given name added from a supplemental report

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

(27) Filed 7.3.13 19 7.3 (28) John J. Morrison 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.

Registrar 1

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THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE. IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.