

(1) PLACE OF BIRTH

County of Newberry

Township of

Incl. Town of

City of Newberry

(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

39449

Registration District No. 34-A Registered No. 7169
(For use of Local Registrar)

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

(2) Full Name of Child. Reba Nell Morris(3) BOY OR GIRL? Girl(4) Twin or Triplet? No
To be answered only in case of twins or triplets(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 5, 1922
(Name of Month) (Day) (Year)(8) FULL NAME OF FATHER Charles Pillsbury Morris(9) PRESENT POSTOFFICE OF FATHER Newberry SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Cotton Mill operator(14) Number of children born to mother, including present birth 1(15) FULL NAME OF MOTHER Leah Lillian Dulmus(16) PRESENT POSTOFFICE OF MOTHER Newberry SC(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 18 (Years)(19) BIRTHPLACE SC(20) OCCUPATION Housewife(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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(27) Filed Dec. 9, 1922 (28) S. S. Cunningham Local Registrar

Given name added from a supplemental report

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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