

Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
64846

(1) PLACE OF BIRTH
County of Horry
Township of Hayth
or
Inc. Town of _____
or
City of _____

Registration District No. 2508 Registered No. 42
(For use of Local Registrar)

(2) Full Name of Child Stirling Morris If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26 1916
to be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John L Morris

MOTHER.
(14) NAME BEFORE MARRIAGE Clarey Paulsen

(9) PRESENT POSTOFFICE OF FATHER Nichols S.C.

(15) PRESENT POSTOFFICE OF MOTHER Nichols S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Columbus W.C.

(18) BIRTHPLACE Columbus W.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Deussen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Nichols S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness Stirling Morris
Signature of Witness necessary only when question 23 is signed by mark
(27) Filed 7-29-1916 (28) H. M. Grant 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.

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
Cav. of Columbia.