

(1) PLACE OF BIRTH

County of Anderson
 Township of Rock Mills
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
40882

Registration District No. 212 Registered No. 38
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles 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 Dec 21 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Morris

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Minie Copie

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:00 P.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) Local Registrar John H. Wright

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it is not yet reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.