

No. 3

PLACE OF BIRTH
County of Aiken
Township of Jackson
or
Town of _____
or
City of _____

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 2-10

VILE No. For Birth Register Only
92-A

Registered No. _____
(For use of Local Registrar)

FULL NAME OF CHILD Henry Morgan (If child is not yet named, make supplemental report as directed.)

BOY OR GIRL _____
A. Twin or Triplet? _____
B. Number in order of birth 2
C. Sex _____
D. Parents Married? Yes
DATE OF BIRTH January 5, 1922
(Name of Month) (Day) (Year)

FATHER
FULL NAME Samuel Morgan
PRESENT POSTOFFICE OF FATHER Abbe (Columbia)
COLOR OR RACE negro
11. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Jackson S.C.
OCCUPATION Farming
Number of children born to mother, including present birth { _____

MOTHER
14. NAME BEFORE MARRIAGE Nora Ely
15. PRESENT POSTOFFICE OF MOTHER Jackson S.C.
16. COLOR OR RACE negro
17. AGE AT LAST BIRTHDAY 25 (Years)
18. BIRTHPLACE Aiken, S.C.
19. OCCUPATION Domestic
21. Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature Louise Morgan

24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife 341 Taylor St, Aiken, S.C.

26. Witness J. P. Chance (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed _____ 28. _____ 29. _____
Registrar 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.