

Form No. 3

PLACE OF BIRTH

County of Aiken
 Township of Jackson
 or
 City of Jackson

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

Registration District No. 210

Registered No. _____
 (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)

FULL NAME OF CHILD

Nessy Morgan

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

BOY OR
 GIRL

4. Twin or
 Triplet? _____
 5. Number in order
 of birth 2
 To be answered only in event of Twins or Triplets

6. Parents
 Married? Yes

DATE OF BIRTH
January 5, 1923
 (Name of Month) (Day) (Year)

FATHER

FULL NAME Samuel Morgan

PRESENT POSTOFFICE OF FATHER Abbe (Jackson)

COLOR OR RACE negro 11. AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Jackson S.C.

OCCUPATION Farmer

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. _____

Given name added from a supplemental report

19 _____

Registrar

Local Registrar

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