

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
71042

(1) PLACE OF BIRTH

County of AbbevilleTownship of Wagnoliaor  
Inc. Town of

City of

Registration District No. 109Registered No. 85-  
(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. Emmie Love Morrison

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 30, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Johnie Morrison(9) PRESENT POSTOFFICE OF FATHER Leathem Falls, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Abbeville Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Love Crawford(15) PRESENT POSTOFFICE OF MOTHER Leathem Falls, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Elbert Co. Ga.(19) OCCUPATION House Wife(20) 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 at 10<sup>30</sup> a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie Scott(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leathem Falls, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 7, 1916 (28) H. C. Vance Local Registrar

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.

MAILED FOR BIRTH RECORD

WHEN PLACED IN THIS FILE, 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.

McGraw-Hill

E T Y A F I L M