

Form No 1.

(1) PLACE OF BIRTH

County of WilliamstonTownship of Morgans

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elisa Epps(3) BOY OR GIRL? girl

(4) Twin or Triplet? .....

(5) Number in order of birth .....

(6) Are Parents Married? Yes(7) DATE July 20, 1914(8) NAME BEFORE MARRIAGE J. L. Morgan(9) PRESENT POSTOFFICE OF FATHER Kingston S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE Williamsburg Co. S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2(15) NAME BEFORE MARRIAGE J. L. Morgan(16) PRESENT POSTOFFICE OF MOTHER Kingston(17) COLOR OR RACE Black(18) AGE AT LAST BIRTHDAY 24(19) BIRTHPLACE Williamsburg Co. S.C.(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4(22) I hereby certify that I attended the birth of this child, who was born at Kingston S.C. on the date above stated.(23) (Signature) J. L. Morgan(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Kingston S.C.(26) Witness J. L. Morgan(27) Filled July 20, 1914(28) Local Registrar J. L. Morgan

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

(30) Registrar J. L. Morgan(31) Registrar J. L. Morgan(32) Registrar J. L. Morgan(33) Registrar J. L. Morgan(34) Registrar J. L. Morgan(35) Registrar J. L. Morgan(36) Registrar J. L. Morgan(37) Registrar J. L. Morgan(38) Registrar J. L. Morgan

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. E.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, IN QUESTION 3. FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 3.

McCaw of Columbia.

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

50710

Registration District No. 4306 Registered No. 14

(For use of Local Registrar)

St. .... Ward

(No. ....)

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? .....

(5) Number in order of birth .....

(6) Are Parents Married? Yes

(7) DATE July 20, 1914

(8) NAME BEFORE MARRIAGE J. L. Morgan

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

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 26

(12) BIRTHPLACE Williamsburg Co. S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 2

(15) NAME BEFORE MARRIAGE J. L. Morgan

(16) PRESENT POSTOFFICE OF MOTHER Kingston

(17) COLOR OR RACE Black

(18) AGE AT LAST BIRTHDAY 24

(19) BIRTHPLACE Williamsburg Co. S.C.

(20) OCCUPATION House wife

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

(22) I hereby certify that I attended the birth of this child, who was born at Kingston S.C. on the date above stated.

(23) (Signature) J. L. Morgan

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Kingston S.C.

(26) Witness J. L. Morgan

(27) Filled July 20, 1914

(28) Local Registrar J. L. Morgan

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

(30) Registrar J. L. Morgan

(31) Registrar J. L. Morgan

(32) Registrar J. L. Morgan

(33) Registrar J. L. Morgan

(34) Registrar J. L. Morgan

(35) Registrar J. L. Morgan

(36) Registrar J. L. Morgan

(37) Registrar J. L. Morgan

(38) Registrar J. L. Morgan