

(1) PLACE OF BIRTH

County Williamburg  
Township of Windsor  
Inc. Town of .....  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 4309 Registered No. 7  
(For use of Local Registrar)

(2) Full Name of Child Rosa Marie 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 Nov. 26, 1927  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME H. C. Morrison  
(9) PRESENT POSTOFFICE OF FATHER Andrew S. C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Year)  
(12) BIRTHPLACE South Carolina  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth Two

MOTHER.  
(14) NAME BEFORE MARRIAGE Anna Brandon  
(15) PRESENT POSTOFFICE OF MOTHER Andrew S. C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)  
(18) BIRTHPLACE South Carolina  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.  
(23) (Signature) Sarah Hanna  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov. 30, 1927 (28) Wm. Marlow 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.