

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 BOOK CO.

(1) PLACE OF BIRTH

County of Fullamers Bay
 Township of Mungo #9
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
24252

Registration District No. 4307 Registered No. 20
 (For use of Local Registrar)

City of (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 Lee Morgan

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>May 21 1932</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Morgan
 (9) PRESENT POSTOFFICE OF FATHER Summit S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Summit S.C.
 (13) OCCUPATION Day Laborer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Gibson
 (15) PRESENT POSTOFFICE OF MOTHER Rhawn S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Summit S.C.
 (19) OCCUPATION farm hand
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 7 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice E. Morgan
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. E. Morgan
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 1 1932 (28) A. E. Morgan 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.