

WRITE PLAINLY, WITH UNFADING INK—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 8.

Medium of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Register Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		26083	
Township of <u>Richland</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>3800</u>		Registered No. <u>119</u>	
(No. St. Ward)				(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child					
(If child is not yet named, make supplemental report as directed)					
(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>April 30, 23</u> (Month of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>David Earl Morgan</u>			(14) NAME BEFORE MARRIAGE <u>Polly Whitley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blytheville, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blytheville, S. C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)		
(12) BIRTHPLACE <u>North Carolina</u>			(18) BIRTHPLACE <u>North Carolina</u>		
(13) OCCUPATION <u>Shoemaking</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Six</u>			(21) Number of children of this mother now living, including present birth <u>Six</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>11 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>M. Langford</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Blytheville, S. C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) <u>W. A. McLean</u>		
19			(27) Filed <u>Sept 11, 23</u>		
Registrar			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.					
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