

(1) PLACE OF BIRTH

County of GreeneTownship of Hevieror
City of Greene

(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

File No. 4736

4736

Registration District No. 352 Registered No. 7
(For use of Local Registrar)(No. 7 Ward)(2) Full Name of Child Norman Morgan If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Feb 23 22
(Name of Month) (Day) (Year)FATHER. FULL NAME Caleb Vande Morgan (14) NAME BEFORE MARRIAGE Isa. Price SloanPRESENT POSTOFFICE OF FATHER West Union Sc (15) PRESENT POSTOFFICE OF MOTHER West Union Sc(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 22 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
(Year) (Year)(12) BIRTHPLACE Greene Co S.C. (13) BIRTHPLACE Greene Co S.C.(14) OCCUPATION Farmer (15) OCCUPATION Housewife(16) Number of children born to mother, including present birth 2 (17) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (19) (Signature) Dr. H. H. Nichols (20) State whether Physician or Midwife Physician (21) Address of Physician or Midwife West Union Sc(22) Witness (Signature of Witness necessary only when question 23 is signed by mark) Dr. H. H. Nichols(23) Filed Mar 1 1922 (24) S. W. Smith Local Registrar

When there is an attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.