

APR 17 1978

File No.—For State Registrar Only  
75205

**CERTIFICATE OF BIRTH**

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

(1) PLACE OF BIRTH

County of York  
Township of Fort Mill  
or  
Inc. Town of Fort Mill  
or  
City of .....

Registration District No. 4406 Registered No. 71  
(For use of Local Registrar)  
(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

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 26, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. R. Morton</u>	(14) NAME BEFORE MARRIAGE <u>Kate Dornier</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Fort Mill S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fort Mill S.C.</u>	(16) COLOR OR RACE <u>white</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(12) BIRTHPLACE <u>Albemarle S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>80</u> (Years)	(18) BIRTHPLACE <u>Rock Hill S.C.</u>
(13) OCCUPATION <u>Mill Operator</u>	(19) OCCUPATION <u>House wife</u>	(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Theo. Juby, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fort Mill S.C.

Given name added from a supplemental report  
.....  
....., 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9-5-1966 (28) A. L. Parker  
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.

MARGIN RESERVED FOR BINDING.

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 5.