

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.

(1) PLACE OF BIRTH

County of Lancaster
Township of
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

15537

Registration District No. 2805

Registered No. 10
(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 Emma Morrow

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

(3) ~~BOY OR GIRL~~ girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH may 4, 22
(Name of Month) (Year)

FATHER.

(8) FULL NAME Benjamin Morrow
(9) PRESENT POSTOFFICE OF FATHER Oceola S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23
(Years) (12) BIRTHPLACE Lancaster Co.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Savannah
(15) PRESENT POSTOFFICE OF MOTHER Oceola S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
(Years) (18) BIRTHPLACE Lancaster Co.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 8:30 A.
on the date above stated. (Born alive or stillborn) (Hour As M. or P.M.)

(23) (Signature) Emma Austin

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

Given name added from a supplemental report

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

B. J. Richardson
Registrar

(27) Filed may 12 (28) B. J. Richardson
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.