

(1) PLACE OF BIRTH

County of AndersonTownship of Ardenor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 213Registered No. 14
(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 William Morris (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 9, 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME James James Morris(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R.F.D. #6(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE Anderson Co., S.C.(13) OCCUPATION Farm laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Addie Thompson(16) PRESENT POSTOFFICE OF MOTHER Anderson R.F.D. #6(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 22
(Year)(19) BIRTHPLACE Anderson Co.(20) OCCUPATION House farm work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alga V. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed March 12, 1923 (28) 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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