

Form No. 1

(1) PLACE OF BIRTH
 County of York
 Township of Fort Mill
 or
 Inc. Town of Fort Mill
 or
 City of Fort Mill
 (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. — For State Registrar Only
50812

(2) Full Name of Child Morris A. Whitley { 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 2 (6) Age yes Parents Married? yes (7) DATE OF BIRTH Feb. 17, 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Alexander Whitley</u>	(14) NAME BEFORE MARRIAGE <u>Gabriella Morris</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Fort Mill S.C.</u>	(17) COLOR OR RACE <u>white</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Fort Mill S.C.</u>	(16) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(18) BIRTHPLACE <u>York County.</u>	(19) OCCUPATION <u>Nurse wife</u>
(10) COLOR OR RACE <u>white</u>	(20) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(21) Number of children of this mother now living, including present birth <u>2</u>	
(11) BIRTHPLACE <u>Stanley Co. N.C.</u>			
(12) OCCUPATION <u>Mill operative</u>			
(13) Number of children born to mother, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report
Feb. 25, 1916
A. L. Parker
 Registrar

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

(27) Filed 1916 (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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. H.—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.

Law of Columbia