

## (1) PLACE OF BIRTH

County of SpauldingTownship of SpauldingCity of Converse

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

37731

Registration District No. 4008 Registered No. 331  
(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 Morgan If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) Twin or Triplet 1 (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 2 23  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Barter Morgan  
(9) PRESENT POSTOFFICE OF FATHER Converse SC  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE D.C.  
(13) OCCUPATION Clinical Sun Merc.  
(14) Number of children born to mother, including present birth fourMOTHER.  
(14) NAME BEFORE MARRIAGE Kurulta Hughes  
(15) PRESENT POSTOFFICE OF MOTHER Converse SC  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE D.C.  
(19) OCCUPATION L. N.  
(20) Number of children of this mother now living, including present birth three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5<sup>th</sup> M., on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Dr. J. H. Jones (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Converse, S.C.

Give name added from a supplemental report

Infant D. Woodhouse, M.D.

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

(26) Filed Dec. 5 1923 (27) Maile T. Barber 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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