

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16665

Registration District No. *H.B.* Registered No. *43*  
(For use of Local Registrar)(No. *1* St. *1* Ward *1*)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child *Daniel Harold Morris* If child is not yet named, make supplemental report as directedBOY OR GIRL? *Boy* (4) Twin or Triplet? *Triplet* (5) Number in order of birth *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *5/3/22*  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME *W.H. Morris*  
(9) PRESENT POSTOFFICE OF FATHER *Woodruff A.C.*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *45* (Years)  
(12) BIRTHPLACE *Laurens Co.*  
(13) OCCUPATION *Mill Work*  
(14) Number of children born to mother, including present birth *13*MOTHER.  
(14) NAME BEFORE MARRIAGE *Annie Rogers*  
(15) PRESENT POSTOFFICE OF MOTHER *Woodruff A.C.*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36* (Years)  
(18) BIRTHPLACE *Spartanburg Co.*  
(19) OCCUPATION *Dom.*  
(20) Number of children of this mother now living, including present birth *13*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Alive* at *8:20* M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *B.J. Workman* (24) State whether Physician or Midwife *Phys.* (25) Address of Physician or Midwife *Woodruff A.C.*

When name added from a supplemental report

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

(27) Filed *6/17/22* (28) *Chas L. Boyter* 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.

Registrar

Local Registrar

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