

(1) PLACE OF BIRTH

County of Charleston

Township of _____

Inc. Town of _____

City of Charleston

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

10257

Registration District No. 9 ARegistered No. 538

(For use of Local Registrar)

54 Anson Street

Sec. _____ Ward _____

(2) Full Name of Child

Only Morrison

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

(3) SEX OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH April 7, 1922

(Name of Month) (Day) (Year)

FATHER:

Joseph Morrison

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

54 Anson Street

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY 24 yrs
(Years)

(12) BIRTHPLACE

Charleston S C

(13) OCCUPATION

Pressing Club Proprietor

(14) NAME BEFORE MARRIAGE

Gladys White

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S C

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY 20 years
(Years)

(18) BIRTHPLACE

Charleston S C

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.
on the (date above stated). (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Thomas
(24) State, whether Physician or Midwife(25) Address of Physician or Midwife
14 Elmwood

Given name added from an supplemental report

(26) Witness

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

(27) Filed 4/18

1922

(28) Local Registrar
Merced Helen

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 be reported as stillborn. No report is desired of stillbirths after the fifth month of pregnancy.