

(1) PLACE OF BIRTH  
 County of Spartanburg STATE OF SOUTH CAROLINA.  
 Township of Spartanburg Bureau of Vital Statistics  
 or Inc. Town of ..... State Board of Health  
 or Registration District No. 4008 Registered No. 693  
 City of Spartanburg (No. R.F.D. 2 St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
83549

(2) Full Name of Child. Vivian Virginia Morgan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 7, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Will Morgan</u>			(14) NAME BEFORE MARRIAGE <u>Belle Phillips</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg R. S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg R. S. C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>14</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg S. C.</u>			(18) BIRTHPLACE <u>Henderson S. C.</u>	
(13) OCCUPATION <u>mill operative</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, 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 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Spartanburg S. C.

Given name added from a supplemental report  
5-2-1917  
S. P. L.  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
10-15-16 E. F. Parker  
 (27) Filed 1917 (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.  
 A CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.