

THIS IS A PERMANENT RECORD.  
N. B.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Yemmel</u>		STATE OF SOUTH CAROLINA		22403	
Township of <u>11</u>		Bureau of Vital Statistics		Registered No. <u>256</u>	
or Inc. Town of		State Board of Health		(For use of Local Registrar)	
City of		Registration District No. <u>2409B</u>		(No. <u>Augusta Road</u> St.; ..... Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>Augusta Road</u> St.; ..... Ward)		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Mary Frances Morgan</u>					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 30</u> , 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Carl Eugene Morgan</u>			(14) NAME BEFORE MARRIAGE <u>Kathleen Connor</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Yemmel S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Yemmel S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Antial S.C.</u>			(18) BIRTHPLACE <u>Putnamville S.C.</u>		
(13) OCCUPATION <u>Cotton Broker</u>			(19) OCCUPATION <u>N. W.</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4:16 a</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. L. Anderson</u>			(25) Address of Physician or Midwife <u>m. d.</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>July 30</u> , 19 <u>22</u>		
Registrar			(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.					

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