

(1) PLACE OF BIRTH

County of Greenville

Township of Buller

or  
Inc. Town of

or  
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

10015

Registration District No. .... Registered No. ....

(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 J. L. Morton

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

(3) BOY OR GIRL	(4) Twin or Triplets <small>to be entered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Registered	(7) DATE OF BIRTH <u>Dec. 5 1915</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Charley Morton

(9) PRESENT POSTOFFICE OF FATHER Green R-5

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 29  
(Years)

(12) BIRTHPLACE Greenville Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Prudence Evans

(15) PRESENT POSTOFFICE OF MOTHER Green R-5

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE Greenville Co.

(19) OCCUPATION House Work

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John W. Dunsen

(24) State of Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

..... 191.....

.....  
Registrar

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

(27) Filed ..... 191..... (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.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

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