

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McW. of Columbia

(1) PLACE OF BIRTH
County of Greenville
Township of Buller
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. Registered No.
(For use of Local Registrar)

(2) Full Name of Child J. L. Morton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Dec. 5 1915</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Charley Morton</u>	(14) NAME BEFORE MARRIAGE <u>Prudence Evans</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville R. 5</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville R. 5</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Greenville Co.</u>	(18) BIRTHPLACE <u>Greenville Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Work</u>
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>11</u>		

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

Given name added from a supplemental report
..... 191.....
.....
..... Registrar

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

(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.

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