

(1) PLACE OF BIRTH

County of BambergTownship of Beaufort Bridge

Inc. Town of

City of

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marguerite Louise M...(3) BOY OR GIRL? girl

(4) Twin or triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 4, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. Pierson Morris(9) PRESENT POSTOFFICE OF FATHER Alar S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Bamberg Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Adeline Mildred Craft(15) PRESENT POSTOFFICE OF MOTHER Alar S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE Barnwell Co.(19) OCCUPATION Housewife & farm laborer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) American Rivers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Alar S.C.

Given name added from a supplemental report

June 29, 1916C. W. Rivers
Alar S.C. Registrar(26) Witness C. W. Rivers
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 12, 1916 (28) C. W. Rivers
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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48080