

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
X. 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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		28395	
Township of <u>Andrews</u>		Bureau of Vital Statistics			
City of <u>Andrews</u>		State Board of Health			
Inc. Town of <u>Andrews</u>		Registration District No. <u>21.03</u>		Registered No. <u>118</u>	
City of <u>Andrews</u>		(No. <u>21.03</u>)		(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 <u>Virginia May Morris</u>				If child is not yet named, make supplemental report as directed	
(3) SEX— BOY OR GIRL <u>Female</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age in months <u>7</u>	(7) DATE OF BIRTH <u>Sept 16 23</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Levi Joe Morris</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Pearl Hatcher</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Andrews SC</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Andrews SC</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)		
(12) BIRTHPLACE <u>Marlboro County SC</u>			(18) BIRTHPLACE <u>Richland County SC</u>		
(13) OCCUPATION <u>Hayman S.A.L.R.</u>			(19) OCCUPATION <u>Domestic</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>10 25</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>L. J. Morris father</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Andrews SC</u>					
Given name added from a supplement- al report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Date <u>Sept 27 23</u> (28) <u>West Bailey</u> 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.					
(29) Date <u>Sept 20 23</u> (30) <u>West Bailey</u> 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.					