

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster STATE OF SOUTH CAROLINA
 Township of Indian Land Bureau of Vital Statistics
 or State Board of Health
 Inc. Town of Registration District No. 980.5
 or Registered No. 24
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
35177

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 10, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Golen Morrow

(9) PRESENT POSTOFFICE OF FATHER Esceola S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Lancaster Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nirah May

(15) PRESENT POSTOFFICE OF MOTHER Esceola S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Lancaster Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 3:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Emma Wilson

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Fort Mill, S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. K. Wilson
 (Signature of witness necessary only when question 23 is signed by mark)

E. J. Richardson
 Registrar

(27) Filed Oct. 1, 22 E. J. Richardson
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR RETURN.

WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT INK. DO NOT WRITE IN PENCIL OR IN RED INK. DO NOT WRITE IN CURSIVE OR IN CAPITAL LETTERS. DO NOT WRITE IN INK THAT IS NOT PERMANENT. DO NOT WRITE IN INK THAT IS NOT BLACK. DO NOT WRITE IN INK THAT IS NOT OF THE BEST QUALITY. DO NOT WRITE IN INK THAT IS NOT OF THE BEST COLOR. DO NOT WRITE IN INK THAT IS NOT OF THE BEST TYPE. DO NOT WRITE IN INK THAT IS NOT OF THE BEST BRAND. DO NOT WRITE IN INK THAT IS NOT OF THE BEST MANUFACTURE. DO NOT WRITE IN INK THAT IS NOT OF THE BEST ORIGIN. DO NOT WRITE IN INK THAT IS NOT OF THE BEST QUALITY. DO NOT WRITE IN INK THAT IS NOT OF THE BEST COLOR. DO NOT WRITE IN INK THAT IS NOT OF THE BEST TYPE. DO NOT WRITE IN INK THAT IS NOT OF THE BEST BRAND. DO NOT WRITE IN INK THAT IS NOT OF THE BEST MANUFACTURE. DO NOT WRITE IN INK THAT IS NOT OF THE BEST ORIGIN.

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