

DEPARTMENT OF COLUMBIA, S. C.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Leherness  
 Township of .....  
 or .....  
 Inc. Town of Blackstung  
 or .....  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**41470**

Registration District No. 10000 Registered No. 173  
 (For use of Local Registrar)

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

(2) Full Name of Child Mary Lee Morgan

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parents Married Yes (7) DATE OF BIRTH Dec 16 22  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME GW Morgan  
 (9) PRESENT POSTOFFICE OF FATHER Blackstung SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45  
 (12) BIRTHPLACE A. Car  
 (13) OCCUPATION Farmer

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mahala Ross  
 (15) PRESENT POSTOFFICE OF MOTHER Blackstung SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 43  
 (18) BIRTHPLACE A. Car  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Clara Chine (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blackstung SC

Given name added from a supplemental report

(26) Witness Geo. A. Roberts (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1-3 1923 (28) Geo. A. Roberts 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.