CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
48121

(1) PLACE OF BIRTH
County of Barnwell
Township of Blackville
or
Inc. Town of ..... Registration District No. 504 Registered No. 10
(For use of Local Reistrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rupert Hughes Morris — If child is not yet named, make supplemental report as directed

(3) BOY ~~or GIRL~~? Boy
(4) Twin or triplet?
(5) Number in order of birth
(To be answered only in event of Twins or Triplets)
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Feby. 25, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Robert L. Morris	(14) NAME BEFORE MARRIAGE Connie Hutto
(9) PRESENT POSTOFFICE OF FATHER Blackville SC	(15) PRESENT POSTOFFICE OF MOTHER Blackville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Barnwell Co	(18) BIRTHPLACE Barnwell Co
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3	(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 3:45 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Donald R. Hughes M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

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

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

(27) Filed March 4 1916. (28) C. E. Hammond
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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FORM No. 2. WRITE PLAINLY. WRITE LINE ABOVE. USE BLOCK LETTERS. USE BLACK INK—THIS IS A PERMANENT RECORD.
No. 2.—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 5.
McCaw