

N. 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 5.  
McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of Edgefield  
Township of Mass

or  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
48911

Registration District No. 1807 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child J. S. Morgan

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 6

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 30 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Morgan

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

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Edgefield Co S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Bean

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

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Edgefield Co S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mariah Mack

(24) State whether Physician or Midwife midwife

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

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 10 1916 (28) L. R. Drimmer 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.