

Form No. 1

(1) PLACE OF BIRTH

County of Orange
 Township of Lucas
 or
 Inc. Town of.....
 or
 City of..... (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39573

Registration District No. 3505Registered No. 167
(For use of Local Registrar)

(2) Full Name of Child

Paula Morris (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Age Parents Married

(7) DATE OF BIRTH

Nov 25 1922
(Name of Month) (Day) (Year)

(8) FULL NAME

Noah Morris

(9) PRESENT POSTOFFICE OF FATHER

Madison Sc

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Ga

(13) OCCUPATION

Joining

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

5

MOTHER:

(14) NAME BEFORE MARRIAGE

John Murray

(15) PRESENT POSTOFFICE OF MOTHER

Madison Sc

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

Ga

(19) OCCUPATION

Nurse wife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Elmer at 9 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

Dec 1st 1922

(28)

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.

STATION RESERVED FOR BINDING.
 WHITE PLAIN, N. Y. WITH ENVELOPE ENCLOSURE IN A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, and mark the print-hole, No. 1, this official, No. 2, etc., in question 6.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.