

(1) PLACE OF BIRTH

County of Beaufort
 Township of Hamlet
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
19266

Registration District No. 7100 Registered No.
 (For use of Local Registrar)

(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

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

3. BOY OR GIRL? <u>Girl</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>June 19, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8. FULL NAME <u>Miss Lister Morris</u>			14. NAME BEFORE MARRIAGE <u>Nora Meadows</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Moocutville</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Moocutville</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>58</u> (Years)	16. COLOR OR RACE <u>White</u>		
12. BIRTHPLACE <u>Moocutville Co. S.C.</u>		17. AGE AT LAST BIRTHDAY <u>32</u> (Years)		
13. OCCUPATION <u>Farmer</u>		18. BIRTHPLACE <u>Laurin Co.</u>		
		19. OCCUPATION <u>Housewife</u>		
20. Number of children born to mother, including present birth <u>7</u>			21. Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:00 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Mary Cal Homan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Moocutville

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 1, 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.