

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of W. H. H. A.
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18759

Registration District No. 36.17. Registered No. 26
 (For use of Local Registrar)

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

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 5 1900</u> (Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Willie Odum</u>	14) NAME BEFORE MARRIAGE <u>Annie Cleckley</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Norway, S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Norway, S.C.</u>			
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>		18) BIRTHPLACE <u>S.C.</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>House wife</u>		
20) Number of children born to mother, including present birth <u>2</u>	21) Number of children of this mother now living, including present birth			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Eunice R. R. R.
 (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed June 5 1900 (27) J. A. Price 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.