

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Red Bank
 or
 Inc. Town of McCabe
 or
 City of SC

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

File No.—For State Registrar Only
31348

Registration District No. 2205 Registered No. 129
 (For use of Local Registrar)

(2) Full Name of Child David Livingston Morse (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 (Supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 1 19 27
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Livingston J. Morse
 9) PRESENT POSTOFFICE OF FATHER McCabe SC
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 23 (Year)
 12) BIRTHPLACE Bessemer City NC
 13) OCCUPATION Moving Picture Operator
 20) Number of children born to mother, including present birth 3

MOTHER.
 14) NAME BEFORE MARRIAGE Elizabeth Stone
 15) PRESENT POSTOFFICE OF MOTHER McCabe SC
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 23 (Year)
 18) BIRTHPLACE Watham Ga
 19) OCCUPATION Domestic
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:25 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Douglas Hume (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McCabe SC

Given name added from a supplemental report

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

(27) Filed Sept 2 19 27 (28) J. H. Hume 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.