

(1) PLACE OF BIRTH

County of Edgefield
 Township of Pickens
 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

17512

Registration District No. 18.08 Registered No. 22

(For use of Local Registrar)

(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

1. BOY OR GIRL Girl 2. Twin or Triplet No 3. Number in order of birth 1
 To be answered only in event of Twin or Triplet

4. Are Parents Married Yes

5. DATE OF BIRTH June 25, 1933
 (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Wiley Morgan

7. PRESENT POSTOFFICE OF FATHER Edgefield, S.C.

8. COLOR OR RACE Negro 9. AGE AT LAST BIRTHDAY 27
 (Year)

10. BIRTHPLACE Edgefield

11. OCCUPATION Farmer

12. Number of children born to mother, including present birth 4

MOTHER.

13. NAME BEFORE MARRIAGE Katherine Jones

14. PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.

15. COLOR OR RACE Negro 16. AGE AT LAST BIRTHDAY 29
 (Year)

17. BIRTHPLACE Edgefield

18. OCCUPATION Farmer

19. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Nicholson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Edgefield, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 1/11/33

(28)

W. H. Nicholson
 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.

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