

Form No. 1

(1) PLACE OF BIRTH

County of DeKalb
 Township of Waver
 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

39582

Registration District No. 3-1-0Registered No. 112
(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 James Harold Morton If child is not yet named, make 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 Nov 23 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) Full Name John Hamp Morton
 (9) PRESENT POSTOFFICE OF FATHER Walhalla

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
 (Years)

(12) BIRTHPLACE DeKalb
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Lulligan
 (15) PRESENT POSTOFFICE OF MOTHER Walhalla

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE DeKalb
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) R. F. Shown M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Walhalla S.C.

Given name added from a supplemental report

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 Registrar

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

(27) Filed Dec 1 1922 (28) R. H. Lee 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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.