

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

2915

County of *D. S. Lynch*

Township of *Blacksville*

Inc. Town of .....

Registration District No. *504*

Registered No. *13*  
(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 *Robert Leroy Morris* (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER  Male  Female (4) Type or Trade *7/4* (5) Number in order of birth *1* (6) Age of Mother *24* (7) DATE OF BIRTH *Jan 30 1923*  
(8) Sex of Mother (9) Day (10) Year

FATHER

MOTHER

(9) FULL NAME *Byrd Percival Morris*

(14) NAME BEFORE MARRIAGE *Lula May Whitte*

(10) PRESENT RESIDENCE OF FATHER *Blacksville S.C.*

(15) PRESENT RESIDENCE OF MOTHER *Blacksville S.C.*

(11) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *36* (Year)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Year)

(12) BIRTHPLACE *Danville Co*

(18) BIRTHPLACE *Danville Co*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *1*

(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 ... *Robert* ... at ... *12:20* ... on the date above stated. (23) Sex of Child (24) Hour (25) M. or F.

(26) (Signature) *D. L. ...* (27) Address of Physician or Midwife

Given name added from a supplemental report

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

(29) Signed *Feb. 11 1923* (30) *D. L. ...* 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 stillborns before the fifth month of pregnancy.

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MAKING REVISIONS FOR BIRTHS, DEATHS, MARRIAGES, AND DIVORCES. THESE REPORTS ARE TO BE MADE BY THE REGISTRAR OR HIS ASSISTANT. THE REGISTRAR IS TO BE ADVISED OF ANY CHANGES IN THE INFORMATION FURNISHED BY HIM. THE REGISTRAR IS TO BE ADVISED OF ANY CHANGES IN THE INFORMATION FURNISHED BY HIM.