

## (1) PLACE OF BIRTH

County of LancasterTownship of Littletonor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child W. H. Morlan If child is not yet named, make supplemental report as directed(3) BOY OR GIRL B.

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Jan 9 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm H Morlan(9) PRESENT POSTOFFICE OF FATHER Lancaster(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION C Mill Hand(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Evans(15) PRESENT POSTOFFICE OF MOTHER Lancaster(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE Clarendon Co(19) OCCUPATION House Wk(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5:45 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) W. H. Morlan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 1214 Lancaster

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 22 19 22(28) J. T. Thompson  
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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File No.—For State Registrar Only

1736

Registration District No. 7802Registered No. 1211  
(For use of Local Registrar)

(No. ....)

St.; ..... Ward)

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