

MARGIN RESERVED FOR INDEXING.  
WRITE PLAINLY, WITH UNFADING INK—USE A SEPARATE BLANK FOR EACH CHILD, and  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>McCormick</u> Township of <u>Washington</u> City of <u>Washington</u> or City of <u>Washington</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>4506</u>		File No.—For State Registrar Only <b>23096</b>	
(2) Full Name of Child <u>Rebecca Morton</u>		Registered No. .... (For use of Local Registrar)		(No. .... St.; .... Ward) If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 25 1922</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Jerome Morton</u> (9) PRESENT POSTOFFICE OF FATHER <u>Parksville S.C.</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) (12) BIRTHPLACE <u>Edgefield Co</u> (13) OCCUPATION <u>Farming</u> (20) Number of children born to mother, including present birth <u>2</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Barrie Falkner</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Parksville S.C.</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) (18) BIRTHPLACE <u>Edgefield Co</u> (19) OCCUPATION <u>Housework</u> (21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Augusta Ann Seale</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Nettie Bartles</u> Given name added from a supplemental report <u>Nettie Bartles</u> (26) Witness <u>Nettie Bartles</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Aug 5 1922</u> (28) <u>J. P. Bartles</u> 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.					