

Fill in space for EACH CHILD, and mark the  
other, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Anderson  
Township of .....  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 312  
Registered No. 483  
(For use of Local Registrar)

(2) Full Name of Child Bonita Morgan  
(If child is not yet named, make supplemental report as directed)  
(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 31 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ernest Morgan  
(9) PRESENT POSTOFFICE OF FATHER Anderson  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE South Ga  
(13) OCCUPATION Student  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Ethel Lafer  
(15) PRESENT POSTOFFICE OF MOTHER Anderson  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE KC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1 & 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.  
(23) (Signature) [Signature] (Born alive or stillborn) (Hour A. M. or P. M.)  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed .....  
(28) Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.