

FORM NO. 5.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCr. of Columbia.

(1) PLACE OF BIRTH
 County of Charleston S.C.
 Township of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
45562

or
 Inc. Town of Registration District No. 9A Registered No. 69
 (For use of Local Registrar)
 City of Charleston S.C. (No. 136 Nassau St.; 7 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alma Morrison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth
To be answered only in case of twins or triplets (6) Are Parents Married? yes (7) DATE OF BIRTH January 22nd 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrie Morrison
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Charleston S.C.
 (13) OCCUPATION Porter
 (20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Ferguson
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE White Hall S.C.
 (19) OCCUPATION Housekeeper
 (21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Thos. D. Fuller
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife

midwife 71 Boring St.

Given name added from a supplemental report

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

(27) Filled 1/24/6 1916 (28) W. D. 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.