

## (1) PLACE OF BIRTH

County of ChesterTownship of ChesterInc. of City of 

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

728

Registration District No. 11.07 Registered No. 6

(For use of Local Registrar)

(No.  St.  Ward )(2) Full Name of Child Melvin Marshall Morgan If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or triplet? 

In be answered only in case of twins or triplets

(5) Number in order of birth (6) Are Parents Married? Yes(7) DATE OF BIRTH June 14, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernest Henry Morgan(9) PRESENT POSTOFFICE OF FATHER Chester P.C. Baldwin Station(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Winfield County P.C.(13) OCCUPATION Cotton mill operator(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Esther Jackson(15) PRESENT POSTOFFICE OF MOTHER Chester P.C. Baldwin Station(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE Union County P.C.(19) OCCUPATION Domestic(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 born alive at 13 25 A.M. on the date above stated. (Signature of Physician or Midwife) A. M. Jones(23) (Signature) A. M. Jones (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chester P.C.

Given name added from a supplemental report

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

(27) Filed 1-15-22 (28) J. H. Moore 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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FORM NO. 1 MARGIN RESERVED FOR BINDING.

WHITE PLAINITY 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.

State of Columbia.