

Form No. 1

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Galbutor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

64193

Registration District No. 1415 Registered No. 30  
(For use of Local Registrar)St. ... Ward ...

(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Katie Lee Morgan(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Morgan(9) PRESENT POSTOFFICE OF FATHER Mc Connick(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Edgefield Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Socia Harrison(15) PRESENT POSTOFFICE OF MOTHER Mc Connick(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Edgefield Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 9 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Cochran

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Chum Branch

Given name added from a supplemental report

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

(27) Filed June 1916 (28) J. S. Hughes 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.

MARVIN REED, JR., 1916-1917  
 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.  
 City of Columbia