

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. 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 1.

(1) PLACE OF BIRTH County of <u>Pickens</u> Township of <u>Central</u> Inc. Town of..... City of..... (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		No. <u>4935</u> —For State Registrar Only	
Registration District No. <u>3202</u>		Registered No. <u>18</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Pagan Lorella Morgan</u> : If child is not yet named, make supplemental report as directed					
(3) SEX OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 15 23</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Jas. Frank Morgan</u> (9) PRESENT POSTOFFICE OF FATHER <u>Central S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>30</u> (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Clerk</u> (14) Number of children born to mother, including present birth <u>3</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Bindie Hummatt</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Central S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>House keeper</u> (21) Number of children of this mother now living, including present birth <u>3</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:00</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>J. H. Rearden</u> (24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Central S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>23</u> Registrar			(27) Filed <u>Feb 14 23</u> (28) <u>J. H. Rearden</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.