

(1) PLACE OF BIRTH

County of Georgetown

Township of _____

or
Inc. Town of Andrews, Mo

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

Registration District No. 2103

File No.—For State Registrar Only
42899

Registered No. 94
(For use of Local Registrar)

(2) Full Name of Child Jose E. Cannon Morgan

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 21, 1911
(Name of Month) (Day) (Year)

(8) FULL NAME Hatcher Morgan

FATHER

(9) PRESENT POSTOFFICE OF FATHER Andrews, Mo

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 43
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 7

(14) NAME BEFORE MARRIAGE Unni Cannon

(15) PRESENT POSTOFFICE OF MOTHER Andrews, Mo

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 41
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) H. A. Morgan

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Andrews, Mo

Given name added from a supplemental report

1911

Registrar

(26) Witness

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

(27) Filed Dec 29, 1911

(28)

J. L. Hogan
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.

Registrar

LOCAL REGISTRAR

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MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—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.