

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Anderson
Township of Buncombe, N.C. Mark
or
Inc. Town of.....
or
City of.....

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 1.340

3748
Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child

Basha Morgan

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

(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 Feb 15 22
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Eddie Morgan
(9) PRESENT POSTOFFICE OF FATHER Fortson, N.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE N.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE June Kels
(15) PRESENT POSTOFFICE OF MOTHER Fortson, N.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
(18) BIRTHPLACE N.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

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. (Born alive or stillborn) (Hour 6 P.M., M., or P. M.)

(23) (Signature) Basha Morgan
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greelyville, N.C.

Given name added from a supplemental report
.....
.....
..... 19

(26) Witness W. F. Spotts
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 24 22 19 22 (28) W. F. Spotts 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.

MARCH 1922. REVISED FOR 1922. THIS IS A PREPARED BLANK FOR EACH CHILD, and mark the sex of child. Mark sex on separate blank for each child, and mark the first-born. No. 1. THE OTHER, No. 2, etc., in question 6. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

Y