

(1) PLACE OF BIRTH

County of Anderson
 Township of Bamberg H. Mark
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3748

Registration District No. 1340Registered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Berta 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
 To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 18 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Morgan
 (9) PRESENT POSTOFFICE OF FATHER Fortson, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
 (Years) (12) BIRTHPLACE S.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, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
 (Years) (18) BIRTHPLACE S.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 at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) Berta Morgan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Emily Wells S.C.

Given name added from a supplemental report

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