

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 6.

(1) PLACE OF BIRTH

County of Anderson
 Township of Martin
 or
 Inc. Town of
 or
 City of Bellton SC

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33086

Registration District No. Registered No. 92
 (For use of Local Registrar)

City of Bellton SC (No. P7D1 St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lilly Ruth Morgan If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet? — 5) Number in order of birth 6th 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 16 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Wm Earle Morgan9) PRESENT POSTOFFICE OF FATHER Bellton SC P7D110) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 34 (Years)12) BIRTHPLACE Pickens Co., S.C.13) OCCUPATION Farming20) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Lilly Corne15) PRESENT POSTOFFICE OF MOTHER Bellton SC P7D116) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 33 (Years)18) BIRTHPLACE Jones Co., Ga.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. G. Lab 2

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bellton, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 16 19 22 (28) 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.

*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.