

FORM NO. 6. MARGIN RESERVED FOR BINDING.

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

N. 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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *Woodruff*
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

74823

Registration District No. *4009* Registered No. *97*
(For use of Local Registrar)

City of (No. 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 *Weldon Gene Morgan* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 18, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Wick Morgan*
(9) PRESENT POSTOFFICE OF FATHER *Woodruff S.C. R# 4*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)
(12) BIRTHPLACE *Spartanburg Co*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth { *one*

MOTHER.
(14) NAME BEFORE MARRIAGE *Mable Ruth Madell*
(15) PRESENT POSTOFFICE OF MOTHER *Woodruff S.C. R# 4*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *17* (Years)
(18) BIRTHPLACE *Spartanburg Co*
(19) OCCUPATION *House keeper*
(21) Number of children of this mother now living, including present birth { *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7* A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Dr. T. H. Workman*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Woodruff S.C.*

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Sept 11, 1916* (28) *Chas. L. Boyler* 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.