

FORM NO. 1  
MARGIN RESERVED FOR INDEXING  
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.

CERTIFICATE OF BIRTH	
STATE OF SOUTH CAROLINA.	
Bureau of Vital Statistics	
State Board of Health	
(1) PLACE OF BIRTH County of <u>Barnwell</u> Township of <u>Baldock</u> or Inc. Town of <u>St.</u> or City of <u>St.</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
Registration District No. <u>502</u> Registered No. <u>19</u> (For use of Local Registrar)	
(2) Full Name of Child: <u>John Morgan Jr.</u> If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>
(5) Number in order of birth <u>1st</u>	
(6) Are Parents Married? <u>Yes</u>	
(7) DATE OF BIRTH <u>April 22</u> , 191 <u>6</u> (Name of Month) (Day) (Year)	
FATHER.	
(8) FULL NAME <u>John Morgan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Baldock S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)
(12) BIRTHPLACE <u>Katers Mill S.C.</u>	
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>Nine</u>	
MOTHER.	
(14) NAME BEFORE MARRIAGE <u>Laura Carter</u>	
(15) PRESENT POSTOFFICE OF MOTHER <u>Baldock S.C.</u>	
(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(18) BIRTHPLACE <u>Baldock Township</u>	
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>Five</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> , at <u>7</u> <u>A.</u> M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.	
(23) (Signature) <u>Julius W. Gamm</u>	(25) Address of Physician or Midwife <u>Baldock S.C.</u>
(24) State whether Physician or Midwife <u>Midwife</u>	
Given name added from a supplemental report <u>191</u>	
(26) Witness <u>J. Cashman</u> (Signature of Witness necessary only when question 23 is signed by mark)	
(27) Filed <u>Apr 27</u> , 191 <u>6</u> (28) <u>W. H. Boyd</u> 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.

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