

PLACE OF BIRTH

County of Newbury
 Municipality of Newbury
 City of Newbury
 State of Mass.

CERTIFICATE OF BIRTH

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

No. for this birth only

18530

Registration District No. 3202

Registered No. 60
 (For use of Local Registrar)

City of Newbury (No. 1 St. 1 Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Joseph M. Morris (If child is not yet named, make supplemental report as directed)

(2) Sex Male (3) Date of Birth Mar 13 23
 (4) Time of Birth 10 P. (5) Place of Birth Newbury
 (6) Age of Child 45 (7) Name of Mother Delia Rhodes

FATHER: (8) Name before marriage John M. Morris
 (9) Present residence of father Newbury R.T.D.
 (10) Color or race Black (11) Age at last birthday 45
 (12) Birthplace Sabuda 60
 (13) Occupation Farmer
 (14) Number of children born to father, including present birth 8

MOTHER: (15) Name before marriage Delia Rhodes
 (16) Present residence of mother Newbury R.T.D.
 (17) Color or race Black (18) Age at last birthday 45
 (19) Birthplace Sabuda 60
 (20) Occupation Farmer
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Blair

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Newbury 5 C R.T.D.

Give make added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 10 23 (28) R. M. Duckett Local Registrar

This certificate should be filed in the office of the registrar, or the father, householder, etc., should make this return before the birth month of pregnancy.