

(1) PLACE OF BIRTH

County of Wm.burgTownship of Laneor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66592

Registration District No. 4305 Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Mary Ella Morant { 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 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1st 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bradford Morant(9) PRESENT POSTOFFICE OF FATHER Lanes S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Lanes S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Cozwell(15) PRESENT POSTOFFICE OF MOTHER Lanes S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Lanes S.C.(19) OCCUPATION Housewife(20) 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 Born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Caroline H. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Lanes S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question is signed for male)

(27) Filed June 1st 1916 (28) Albert R. Moseley 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.

Albert R. Moseley - Local RegistrarWHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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.