

(1) PLACE OF BIRTH

County of Darlington

Township of

or
Inc. Town of Hartsville

or

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

3555

Registration District No. 153Registered No. 14

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Y

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplets

(6) Are Parents Married? Y(7) DATE OF BIRTH Feb. 12, 1923

(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Benjamin Morrison(10) PRESENT POSTOFFICE OF FATHER Hartsville SC(11) COLOR OR RACE W(12) AGE AT LAST BIRTHDAY 20

(Years)

(13) BIRTHPLACE SC(14) OCCUPATION Cotton mill employee

(15) Number of children born to mother, including present birth

MOTHER.

(16) NAME BEFORE MARRIAGE Eva Kelly(17) PRESENT POSTOFFICE OF MOTHER Hartsville SC(18) COLOR OR RACE White(19) AGE AT LAST BIRTHDAY 18

(Years)

(20) BIRTHPLACE H.W. S.C.(21) OCCUPATION Housewife(22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) William D. Jones

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

PhysicianHartsville SC

Given name added from a supplemental report

(27) Witness

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

(28) Filed 191 (29) 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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