

Form No. 1.

(1) PLACE OF BIRTH

County of KershawTownship of Strattonor
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

1696

Registration District No. 7.04 Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child Gerrie Bangorin Morgan If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME O S Morgan(9) PRESENT POSTOFFICE OF FATHER Blaney SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Alice Nelson(15) PRESENT POSTOFFICE OF MOTHER Blaney SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alice as Born alive or stillborn (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Alice Nelson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blaney SC

Given name added from a supplemental report

8/24/44169616961696169616961696169616961696

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

(27) James D. Gregory (28) James D. Gregory 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.