

(1) PLACE OF BIRTH

County of Greenville
Township of
or
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
34781

Registration District No. 13A

Registered No. 160
(For use of Local Registrar)

(2) Full Name of Child Laine Gussie Morgan (No. 84; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 April 10 1922 (If child is not yet named, make supplemental report as directed)

FATHER
(8) FULL NAME Tom Morgan
(9) PRESENT POSTOFFICE OF FATHER Greenville
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Felicia Ferguson
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Edgefield Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was alive at 6:15 P.M. on the date above stated. (23) (Signature) E. H. Cornpton (Hour A. M. or P. M.)

Given name added from a supplemental report

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1100 W. 1st St. Greenville S.C.

(26) Witness D. C. Waller (Signature of Witness necessary only when question 22 is signed by mark)

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.