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U. S. Dept. of Commerce  
Bureau of the Census

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 2/0

FILE No.—For State Registrar Only  
00079

1. PLACE OF BIRTH

County of Aiken  
Township of Silverton  
or  
Inc. Town of Jackson  
or  
City of W. H. S.

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

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

2. FULL NAME OF CHILD John Henry Morgan

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

|   |                  |                                  |   |                                    |  |
|---|------------------|----------------------------------|---|------------------------------------|--|
| 3. Boy or Girl<br><u>boy</u>  | If Plural births | 4. Twins, triplets or other..... | 6. Premature.....   | 7. Are Parents Married? <u>yes</u> | 8. Date of birth <u>Nov 9</u> , 19 <u>16</u><br>(Month, day, year) |
| 9. Full name of FATHER<br><u>John Morgan</u>  |                  |                                  | 16. Name before marriage of MOTHER<br><u>Lula Ealy</u>  |                                    |  |
| 10. Residence (mailing address) <u>Jackson S.C.</u><br>(If non-resident, give place and State)            |                  |                                  | 19. Residence (mailing address) <u>Jackson S.C.</u><br>(If non-resident, give place and State)                                  |                                    |  |
| 11. Color or race <u>col.</u>   |                  |                                  | 20. Color or race <u>col.</u>   |                                    |  |
| 12. Age at last birthday <u>29</u> (years)  |                  |                                  | 21. Age at last birthday <u>27</u> (years)  |                                    |  |
| 13. Birthplace (city or place) <u>Aiken S.C.</u><br>(State or country)                                    |                  |                                  | 22. Birthplace (city or place) <u>Aiken S.C.</u><br>(State or country)  |                                    |  |
| 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> |                  |                                  | 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Farmer and housewife</u> |                                    |  |
| 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ....                       |                  |                                  | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....                             |                                    |  |
| 16. Date (month and year) last engaged in this work <u>1916</u>   |                  |                                  | 17. Total time (years) spent in this work <u>Life</u>   |                                    |  |
| 18. Date (month and year) last engaged in this work <u>1916</u>   |                  |                                  | 20. Total time (years) spent in this work <u>Life</u>   |                                    |  |
| 27. Number of children of this mother (At time of birth and including this child) <u>5</u>                |                  |                                  |   |                                    |  |
| (a) Born alive and now living..... <u>1</u>   |                  |                                  |   |                                    |  |
| (b) Born alive but now dead..... <u>4</u>   |                  |                                  |   |                                    |  |
| (c) Stillborn..... <u>0</u>   |                  |                                  |   |                                    |  |

28. If stillborn, period of gestation..... months weeks

29. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 P m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ m. on above date. \_\_\_\_\_  
(Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_  
(Specify)

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
or Lyla Suss, Midwife  
Address \_\_\_\_\_  
Filed 2-8, 19 45 L. A. Riser, M.D.  
Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate.)

7/17/16