

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.)

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

1. PLACE OF BIRTH

County of Aiken  
Township of Silverton  
or  
Inc. Town of Jackson  
or  
City of Aiken

Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 210

FILE No.—For State Registrar Only

00079

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 boy If Plural births \_\_\_\_\_ 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature ..... 7. Are Parents Married? yes 8. Date of birth Nov 9, 1916  
(Month, day, year)

9. Full name John Morgan FATHER 10. Residence (mailing address) Jackson  
(If non-resident, give place and State) 11. Color or race col 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Aiken (State or country) 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Farmer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 1916 17. Total time (years) spent in this work Life

18. Name before marriage Lula Ealy MOTHER 19. Residence (mailing address) Jackson  
(If non-resident, give place and State) 20. Color or race col 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Aiken (State or country) 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... Farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc..... Housewife 25. Date (month and year) last engaged in this work 1916 26. Total time (years) spent in this work 18 1/2

27. Number of children of this mother (At time of birth and including this child) 5 (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

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)

State Registrar

(Signed) \_\_\_\_\_, M. D.

or Lula Ealy, Midwife

Address \_\_\_\_\_

Filed 2-8, 1945 L. A. Riser, M.D.

Local Registrar