

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of .....

City of Williamston

(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 HealthRegistration District No. 9-C

File No.—For State Registrar Only

10771

Registered No. 72  
(For use of Local Registrar)(2) Full Name of Child Glenn Delvitt Morgan

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

1) BOY OR GIRL Boy

2) Twin or Triplet

3) Number in order of birth

4) Are Parents Married Yes

5) DATE OF BIRTH

July 3-1923  
(Name Month) (Day) (Year)

## FATHER.

6) FULL NAME

J. L. Morgan

7) PRESENT POSTOFFICE OF FATHER

Williamston, S.C.

10) COLOR OR RACE

white

11) AGE AT LAST BIRTHDAY

30  
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

mill work

20) Number of children born to mother, including present birth

5-

## MOTHER.

14) NAME BEFORE MARRIAGE

Elise Kinard

15) PRESENT POSTOFFICE OF MOTHER

Williamston S.C.

16) COLOR OR RACE

white

17) AGE AT LAST BIRTHDAY

29  
(Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

Domestic

21) Number of children of this mother now living, including present birth

5-

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive & fullborn at 7 P. M., on the date above stated. (Hour of day or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Williamston, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8-131923William Russell

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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