

(1) PLACE OF BIRTH
County of York
Township of P. D. S.
or Town of P. D. S.
or City of (No. St.; Ward)
(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 Health
Registration District No. 6A Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child Rifat Lewis Morris If child is not yet named, make supplemental report as directed

(3) SEX <u>M</u>	(4) Type of Triplet - To be answered only in event of Twins or Triplets	(5) Number in order of birth -	(6) Are Twins Married <u>yes</u>	(7) DATE OF BIRTH <u>July 12, 1923</u> (Month of Birth) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Nathan W. Massie</u>	(14) NAME BEFORE MARRIAGE <u>Elena Davis</u>	(9) PRESENT RESIDENCE OF FATHER <u>Paris Island SC.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Paris Island SC.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Mo.</u>		(18) BIRTHPLACE <u>Mo.</u>	
(13) OCCUPATION <u>Soldier</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Gonadine at 21 AC, Mo. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) St. Richard O'Brien M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Paris Island SC.

Given name added from a supplementary report

(26) Witness
(Signature of Witness necessary only when question is in signed by each)

(27) Filed 12/18/23 (28) Mrs. J. L. Black

*When there was no attending physician or midwife, then the father, householder, etc., should sign.
If a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.