

THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 MICHIGAN, COLUMBIA, M. C.

(1) PLACE OF BIRTH

County of Georgetown  
 Township of H. St.  
 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

4228

Registration District No. 3100 Registered No. 9  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Feb 1 1922  
 (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Legitimate</u>	(14) NAME BEFORE MARRIAGE <u>Anna E Miller</u>	(15) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Hemingway &amp; C</u>
(10) COLOR OR RACE	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY	(17) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Georgetown Co S.C.</u>	(19) OCCUPATION	(19) OCCUPATION <u>housework</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bees Gibson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hemingway & C

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 13 1922 (28) J. L. M. Cracker 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.