

MARGIN RESERVED FOR BINDING.
WHITE PLAINS, N. Y. - 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 8.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Pacolet
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
20215

Registration District No. 4006 Registered No. 70
(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 Jas. William Morgan If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? Boy 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? yes 7. DATE OF BIRTH 6-30-22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME J. N. Morgan
9. PRESENT POSTOFFICE OF FATHER Pacolet S.C.
10. COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 33
(Years)
12. BIRTHPLACE S.C.
13. OCCUPATION Farmer
14. Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Cathline Rice
(15) PRESENT POSTOFFICE OF MOTHER Pacolet S.C.
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 32
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Kirk

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pacolet 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 July 1, 1922 (28) W. W. Brown 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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