

Form No. 8

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

Registration District No.

FILE NO. For State Registrar Only

21731

Registered No. 81

(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

Cedric Morgan

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

6

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

July 19 1923

## FATHER

(8) FULL NAME

Curtis Morgan

(9) PRESENT POSTOFFICE OF FATHER

Corry

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY (Years)

20

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm hand

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

6

## MOTHER

(14) NAME BEFORE MARRIAGE

Coolie Dan Kim

(15) PRESENT POSTOFFICE OF MOTHER

Corry

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY (Years)

20

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm help

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

6

## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) \_\_\_\_\_

Phyllis Gates

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Balgall

Given name added from a supplemental report

(26) Witness

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

(27) Date

July 25 1923

(28)

Mrs. W. J. Jones

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.