

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS ASSISTANT. IT IS NOT TO BE FILLED OUT BY THE FATHER OR MOTHER. IF THE CHILD IS A TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

North of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Anderson
 Township of Savannah
 or
 Inc. Town of
 or
 City of (No.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

238

Registration District No. 311

Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child

Louise Reese Morrison (If child is not 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) Are Parents Married?

No

(7) DATE OF BIRTH

Jan 28 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Foster Cunningham

(9) PRESENT POSTOFFICE OF FATHER

Star S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

22
 (Years)

(12) BIRTHPLACE

Anderson Co.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Lola Morrison

(15) PRESENT POSTOFFICE OF MOTHER

Star S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

16
 (Years)

(18) BIRTHPLACE

Anderson Co.

(19) OCCUPATION

Farmer

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

One

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4.9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Francis Sadler

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Star 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

Feb 9 22

(28)

L. A. Todd

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.