

(1) PLACE OF BIRTH

County of *Spencer*

Township of *Beaufort*

or

Inc. Town of

or

City of

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

File No. *74712* For State Registrar Only

Registration District No. *4000a*

Registered No. *119*

(For use of Local Registrar)

St.; ..... Ward

(No. ....)

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

(2) Full Name of Child *Paula Gertrude Morgan*

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *8, 16, 1916*  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *BL Morgan*

(9) PRESENT POSTOFFICE OF FATHER *Green SC*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *27* (Years)

(12) BIRTHPLACE *SC*

(13) OCCUPATION *mill warden*

(14) Number of children born to mother, including present birth *1*

(14) NAME BEFORE MARRIAGE *Ellen Hughes*

(15) PRESENT POSTOFFICE OF MOTHER *Green SC*

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Minister*

(20) Number of children of this mother now living, including present birth *1*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was *born* at *10 A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Green SC*

Given name added from a supplemental report

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Registrar

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

(27) Filed *Aug 17 1916*

(28) *J. C. Moore* Local Registrar

When there was no attending physician or midwife, then the father, household, 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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