

(1) PLACE OF BIRTH

County of Spencer
Township of Bechtol Springs

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
City of No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
It is child is not yet named, make supplemental report as directed

(2) Full Name of Child Paula Gertrude Morgan (7) DATE OF BIRTH 8 16 1916
(Name of Month) (Day) (Year)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes

FATHER.
(8) FULL NAME B L 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 insurance
(14) Number of children born to mother, including present birth 1

MOTHER.
(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 Homemaker
(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.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Green SC

Given name added from a supplemental report
..... 191.....
.....
Registrar

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