

Form No. 1

(1) PLACE OF BIRTH
 County of Marlboro
 Township of Summettsville
 OF
 Inc. Town of
 OR
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
49868

Registration District No. 3301 Registered No. 17
 (For use of Local Registrar)

St.: Ward:

(2) Full Name of Child John Morrison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 12 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 26
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Arar Morrison
 (9) PRESENT POSTOFFICE OF FATHER Summettsville SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Marlboro Co SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 12

MOTHER

(14) NAME BEFORE MARRIAGE Ella Postie
 (15) PRESENT POSTOFFICE OF MOTHER Summettsville SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Marlboro Co SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Charles

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:10 P.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Harriet Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Summettsville SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 26 1916 (28) W. W. Pate 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. H.—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 5.

McCaw, of Columbia.