

Form No. 1

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
MORGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Chester
Township of Lewisville
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
3638

Registration District No. 1106 Registered No. 24
(For use of Local Registrar)

(2) Full Name of Child

Nellie Aguirre (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) DATE OF BIRTH

Feb 18 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Morgan Aguirre

MOTHER.
(14) FULL NAME Laurie M. Cleather

(9) PRESENT POSTOFFICE OF FATHER Richburg

(15) PRESENT POSTOFFICE OF MOTHER Richburg S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 22
(Year)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farm Laborer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Wood

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Medwife J. Rodman S.C.

Given name added from a supplemental report

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

(27) Filed 2/22 1922 (28) J. Hollis 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.

L1354

Date of Death 12-13-92
DC # 124-92-308745
St Louis Missouri