

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

19101

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

To be answered only in event of Twin or triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 27, 1910

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

George Edward Morely

(14) NAME BEFORE MARRIAGE

Catherine Videll Hagg

(9) PRESENT POSTOFFICE OF FATHER

Camden 8C

(15) PRESENT POSTOFFICE OF MOTHER

Camden 42

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

47 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31 (Years)

(12) BIRTHPLACE

Kershaw Co

(18) BIRTHPLACE

Kershaw Co

(13) OCCUPATION

Farming

(19) OCCUPATION

House wife

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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

July 14, 1910

(28)

(29) 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.

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