

(1) PLACE OF BIRTH

County of Grainfield  
 Township of 14  
 or  
 City of Longtown

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

No. 17573

Registration District No. 1913 Registered No. 54  
 (For use of Local Registrar)

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

(2) Full Name of Child

(3) SEX OR GENDER B (4) Date of Birth 6-4-1923  
 (5) Time of Birth 1 (6) Place of Birth yes  
 To be answered only in event of Twin or Triplets

**FATHER.**  
 (7) FULL NAME Melvin Morthue  
 (8) PRESENT POSTOFFICE OF FATHER Winnaboo  
 (9) COLOR OR RACE W (10) AGE AT LAST BIRTHDAY 23  
 (11) BIRTHPLACE Longtown  
 (12) OCCUPATION mill operator  
 (13) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Christine Harwell  
 (15) PRESENT POSTOFFICE OF MOTHER Winnaboo  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 16  
 (18) BIRTHPLACE Columbia  
 (19) OCCUPATION housewife  
 (20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was at 8 P. M.  
 on the date above stated. (Born alive or stillborn: (Hour M. or P. M.)

(22) (Signature) E. A. Wells (23) Address of Physician or Midwife  
 (24) State whether Physician or Midwife Physician

Give name added from a supplemental report

(25) Witness C. M. Haynes  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (26) Filed June 10 1923 (27) 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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