

## (1) PLACE OF BIRTH

County of Sumter  
 Township of .....  
 or  
 Inc. Town of Sumter  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**32505**

Registration District No. 4108 Registered No. 180  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL Boy 4) Twin or Triplet? 1 5) Number in order of birth ..... 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 22  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>Doctor Morrison</u>	14) NAME BEFORE MARRIAGE <u>Marta Aken</u>	15) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>
10) COLOR OR RACE <u>color</u>	11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	16) COLOR OR RACE <u>color</u>	17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
12) BIRTHPLACE <u>Sumter S.C.</u>	18) BIRTHPLACE <u>Sumter S.C.</u>	19) OCCUPATION <u>M. Farming</u>	19) OCCUPATION <u>house wife</u>
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive? at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Macase (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Scotie Aken  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed ..... 18 ..... (28) Carroll 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.

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.

McGraw-Hill, Columbia, S. C.