

(1) PLACE OF BIRTH

County of Lancaster
 Township of Indian Land
 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

1921

Registration District No. 2805Registered No. 13
(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 Ora Lee Morrow

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Owens Morrow
 (9) PRESENT POSTOFFICE OF FATHER Van Wyck S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE S. Car.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Barnes
 (15) PRESENT POSTOFFICE OF MOTHER Van Wyck S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE M. Car.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lizzie Crawford(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Van Wyck S.C.

Given name added from a supplemental report

(26) Witness.....

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

B. J. Richardson
Registrar(27) Filed July 5, 22

(28)

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.