Form No. 10.

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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37958

(1) PLACE OF BIRTH
County of Abbeville
Township of Bordeaux
or
Inc. Town of ..... Registration District No. 101 Registered No. 54
(For use of Local Reistrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Annie Cornelia Morgan } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? ✓
(5) Number in order of birth 1st
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Nov. 15 1915
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME James Morgan	(14) NAME BEFORE MARRIAGE Lucie Lewis
(9) PRESENT POSTOFFICE OF FATHER McCormick	(15) PRESENT POSTOFFICE OF MOTHER McCormick
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Georgia	(18) BIRTHPLACE Edgefield County
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. W. Cheatham M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Nov. 18 1915 (28) J. R. Hanson
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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