FORM NO. 6. 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.
Bureau of Columbia

CERTIFICATE OF BIRTH

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

File No. 25623 — State Registrar Only

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
or
Inc. Town of .....
or
City of Abbeville
Registration District No. 1-A Registered No. 88 (For use of Local Registrar)
(No. S Main St.; 3rd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Michel Morgan Jr. — If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? X
(5) Number in order of birth X
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Aug 22 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME John Michel Morgan	(14) NAME BEFORE MARRIAGE (Josephine) Jos DuPre
(9) PRESENT POSTOFFICE OF FATHER Abbeville SC	(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Union Co NC	(18) BIRTHPLACE Abbeville SC
(13) OCCUPATION R R Conductor	(19) OCCUPATION Housewife
(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 alive at Aug 22 6 30 A (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. C. Gambrell MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Abbeville SC

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 Aug 23 1915 (28) T. G. Perrin 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