

(1) PLACE OF BIRTH

County of Orange  
Township of Regatos  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

18639

Registration District No. 3505

Registered No. 74  
(For use of Local Registrar)

(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 Willie E. Moore If child is not yet named, make supplemental report as directed

1. SEX OF CHILD girl 4. Twin or Triplet ..... (8) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 15 1928  
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
9. FULL NAME J. Cohen Moore  
10. PRESENT POSTOFFICE OF FATHER Madison S.C.  
11. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35  
12. BIRTHPLACE Orange Co.  
13. OCCUPATION Farmer  
14. Number of children born to mother, including present birth ninth

MOTHER.  
(14) NAME BEFORE MARRIAGE Laura E. Duke  
(15) PRESENT POSTOFFICE OF MOTHER same  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
(18) BIRTHPLACE Orange Co.  
(19) OCCUPATION .....  
(21) Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 6:15 P.M. on the date above stated. (Hour A. M. or P.M.)

(23) (Signature) F. L. Simpson M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. H. ...

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Date June 9 1928 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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