

(1) PLACE OF BIRTH

County of Orange
 Township of Regulators
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 3505

File No. — For State Registrar Only

18639

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

1. SEX OF CHILD girl 4. Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 15 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

9. FULL NAME J. Coker Moore10. PRESENT POSTOFFICE OF FATHER Madison S.C.11. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Year)12. BIRTHPLACE Orange Co.13. OCCUPATION Farmer14. 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 (Year)(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(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. H. Hinton

Given name added from a supplemental report

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

(27) Signed J. H. Hinton 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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