

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

# (1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of Spartanburg  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20062

Registration District No. CO-0 Registered No. 254  
(For use of Local Registrar)  
(No. 623 S. Church St.; ..... Ward)  
(If child is not yet named, make supplemental report as directed)

## (2) Full Name of Child Baby Joseph Herbert Moore

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 13 1922  
(Name of Month) (Day) (Year)

FATHER.  
8) FULL NAME Henry H. St. Moore  
9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 30 (Years)  
12) BIRTHPLACE S.C.  
13) OCCUPATION Manager Wholesale Grocery  
20) Number of children born to mother, including present birth 4

MOTHER.  
14) NAME BEFORE MARRIAGE Eulalia Lewis  
15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26 (Years)  
18) BIRTHPLACE S.C.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 100 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gene Higley M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 116 E. Main St.

Given name added from a supplemental report

Thomas P. Lewis Witness  
7/16/22  
When there was no attend-  
If a child breathes

(26) Address of household in which child was born 116 E. Main St.  
(27) Name of household head Mr. Moore  
(28) Name of person attending birth Dr. Higley