(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18864

County of Greenville

Township of
or
Inc. Town of Woodside Mill
or
City of Greenville

Registration District No. 40913 Registered No. 216
(For use of Local Registrar)

(No. 3(3) 9th 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 Charles Metton Moody Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	June 18, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Charles Metton Moody Sr	(14) NAME BEFORE MARRIAGE	Susie Gertrude Moody
(9) PRESENT POSTOFFICE OF FATHER	Greenville S C 3 9th St	(15) PRESENT POSTOFFICE OF MOTHER	Same
(10) COLOR OR RACE	W.	(16) COLOR OR RACE	W.
(11) AGE AT LAST BIRTHDAY (Years)	20	(17) AGE AT LAST BIRTHDAY (Years)	17
(12) BIRTHPLACE	S C	(18) BIRTHPLACE	S C.
(13) OCCUPATION	Textile work	(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 B. Otho (Born alive or stillborn) at 3:20 P.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) C. L. Gilles MD
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Greenville S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed June 18 22 (28) Thos McAlee
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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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.