

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of St Helena

or

Inc. Town of

or

City of

(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

29038

Registration District No. 6.0.4Registered No. 1.3.2

(For use of Local Registrar)

(2) Full Name of Child Mary Moultrie

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

no

(7) DATE OF BIRTH

Sept. 3, 1922

(Name & Month) (Day) (Year)

FATHER.

(8) FULL NAME

Theodore Moultrie

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Molsey Henderson

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

4

(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 7:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Susan Green X Frogmore S.C.(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Mrs. R. King

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

(27) Filed

Sept. 5, 1922

(28)

J. R. Thamm 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCambr Columbia, Columbia, S. C.