

NOTE: PRINTING OR STAMPING ON THIS FORM IS PROHIBITED.

PLACE OF BIRTH  
*William*  
County of .....  
Township of .....  
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

No. — For State Register Only

6770

Registration District No. 6.0.5.

Registered No. 19  
(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child *Thomas G. Moory*

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

3) BOY OR GIRL <i>boy</i>	4) Total No. of Twins or Triplets To be answered only in event of Twins or Triplets	5) Number in order of birth <i>2</i>	6) Are Parents Married <i>Yes</i>	7) DATE OF BIRTH Month (Name of Month) (Day) (Year) <i>Jan 26 23</i>
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FATHER.

8) FULL  
NAME  
*Wade A. Moory*

9) PRESENT  
POSTOFFICE  
OF FATHER  
*Mt. Pleasant S.C.*

10) COLOR  
OR  
RACE  
*White*

11) AGE AT LAST  
BIRTHDAY  
*27*

12) BIRTHPLACE  
*Marietta S.C.*

13) OCCUPATION  
*Farmer*

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

14) NAME BEFORE  
MARRIAGE  
*Beth M. Sullens*

15) PRESENT  
POSTOFFICE  
OF MOTHER  
*Marietta S.C.*

16) COLOR  
OR  
RACE  
*White*

17) AGE AT LAST  
BIRTHDAY  
*25*

18) BIRTHPLACE  
*Marietta S.C.*

19) OCCUPATION  
*House work.*

21) Number of children of this mother  
now living, including present birth  
*Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8 A.M.*  
on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *L. T. Johnson* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife  
*William St.*

GIVEN NAME ADDED FROM A SUPPLEMENTAL REPORT

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

19) Registrant  
*Reg.*

(27) FWD. .... 10.2.3 (28) Local Registrar  
*3/31 10.2.3 B. F. Williams*

\* 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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