

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

42093

Registration District No. 1603

Registered No. 1835

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Twin

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

12-11-22

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Leonard Moody

(9) PRESENT POSTOFFICE OF FATHER

Lake View SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

33 (Years)

(12) BIRTHPLACE

Dillon Co. SC

(13) OCCUPATION

Farmer

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

Three

## MOTHER

(14) NAME BEFORE MARRIAGE

Jennie Dew

(15) PRESENT POSTOFFICE OF MOTHER

Lake View SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Marion Co

(19) OCCUPATION

Housework

(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 at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. E. Lester, M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Lake View SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12-12-22

(28)

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person who has made this report. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.

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.