

Form No. 1

(1) PLACE OF BIRTH

County of Harnburg
 Township of Chatham
 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

32593

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

(No. 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 Moses Tubmore If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept. 14, 1922
 (Name of Month) (Day) (Year)

FATHER
 8) FULL NAME Jim Tubmore
 9) PRESENT POSTOFFICE OF FATHER Trid, S.C.
 10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 38
 (Year) 12) BIRTHPLACE S.C.
 13) OCCUPATION Farmer

MOTHER
 14) NAME BEFORE MARRIAGE Irene Beckett
 15) PRESENT POSTOFFICE OF MOTHER Trid, S.C.
 16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 40
 (Year) 18) BIRTHPLACE S.C.
 19) OCCUPATION

20) Number of children born to mother, including present birth 7 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 alive at 9:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Morris
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trid, S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/20 19 22 (28) E. H. Hamlin 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.

REDAW OF COLUMBIA, COLUMBIA, S. C.

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.