

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

(1) PLACE OF BIRTH

County of Colleton
 Township of Verdine
 Inc. Town of Hallsville
 City of _____

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

File No.—For State Registrar Only
3534

Registration District No. 114.09 Registered No. 16
 (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 Edna Moultrie (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>To be answered only in case of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 25, 1923</u> (Name of Month) (Day) (Year)
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FATHER.
 (8) FULL NAME Edward Moultrie
 (9) PRESENT POSTOFFICE OF FATHER Hallsville SC
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE SC
 (13) OCCUPATION Job

MOTHER.
 (14) NAME BEFORE MARRIAGE Carrie Henderson
 (15) PRESENT POSTOFFICE OF MOTHER Hallsville SC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE SC
 (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 Born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Wiley J. Moultrie
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hallsville

(Given name added from a supplemental report)

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 9th 1923 (28) Dora Beamen Padgett 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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