

File No.—For State Registrar Only  
39566

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

Registration District No. 3505 Registered No. 160  
(For use of Local Registrar)

Registration District No. 3505 Registered No. 160  
(For use of Local Registrar)

(No. .... St.; .... Ward

(If institution, give name of same instead of street and number.)

(2) Full Name of Child unnamed Moorhead If child is not yet named, make supplemental report as directed

(1) FILE	(2) NUMBER	(3) AGE	(4) DATE OF
100-100000	100000	100000	100000

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>7</i>	(6) Parents <i>Yes</i>	BIRTH <i>Nov. 8-1922</i>
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To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

(8) FULL NAME Ch. C. Lee (14) NAME BEFORE Lee

NAME Andrew C. Moorhead MARRIAGE Debbie Cray

(9) PRESENT 1

POSTOFFICE OF FATHER Westminster Bld. POSTOFFICE OF MOTHER Westminster Bld.

OF FATHER		OF MOTHER	
NAME	DATE	NAME	DATE
JOHN DOE	1/1	JANE DOE	1/1

(10) COLOR OR *M-P-F* (11) AGE AT LAST BIRTHDAY *41* (12) COLOR OR *M-P-F* (13) AGE AT LAST BIRTHDAY *40*

RACE	White	(Years)	RACE	White	(Years)
10. BIRTH DATE			10. BIRTH DATE		

(12) BIRTHPLACE *LA* (13) BIRTHPLACE *LA*

J.C.
J.C.

(13) OCCUPATION	(19) OCCUPATION
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Farmer	House Wife
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20. Number of children born to	5	21. Number of children of this mother	7
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(20) Number of children born to mother, including present birth	(21) Number of children of the mother now living, including present birth
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:57 A.M.

on the date above stated. *2/10/19* (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

5	Cuspician	H. H. H. H. H.
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Given name added from a supplement.

tal report

(20) Witness ..... Witness necessary only

(Signature and witness necessary when question 23 is signed by mark)

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19 ..... (27) ..... 19 ..... (28) .....  
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 children born before the fifth month of pregnancy.

before the fifth month of pregnancy.

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