

Form No. 1

(1) PLACE OF BIRTH

County of SUNTER.....Township of PRIVATE.....

Inc. Town of.....

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

File No. - For State Registrar Only

264

Registration District No. A104... Registered No. 74...
(For use of Local Registrar)(2) Full Name of Child Maureen Louise.....
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>-----</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>-----</u>	(6) Are Parents Married? <u>YES</u>	(7) DATE OF BIRTH <u>Aug. 29-23 19</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charlie Moore(9) PRESENT POSTOFFICE OF FATHER SUNTER Tindal, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Sunter Co. S.C.(13) OCCUPATION Farm Laborer.(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Smith(15) PRESENT POSTOFFICE OF MOTHER Tindal, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Sunter Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at AN M., on the date above stated.
(Born alive or Stillborn) (Hour A. M. or P. M.)(22) (Signature) Agnes L. Anderson(23) State whether Physician or Midwife Midwife Address of Physician or Midwife Sunter, S.C.

Given name added from a supplemental report

(24) Witness E. B. Brea Key
(Signature of Witness necessary only when question 23 is signed by mark)19
Registrar(25) Filed 8-30-1923 (26) 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 or stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
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 4.

Bureau of Statistics, Columbia, S. C.