

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Greenwood

Township of

or

Inc. Town of

or

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

18931

Registration District No. 2306Registered No. 85
(For use of Local Registrar)(2) Full Name of Child Laura Moore

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>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 2 1922</u> (Name of Month) (Day) (Year)
------------------------------	--	---------------------------------------	------------------------------------	--

FATHER.

(8) FULL NAME Caleb Moore(9) PRESENT POSTOFFICE OF FATHER Rt Greenwood S.C.(10) COLOR OR RACE C(11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE Greenwood Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Moore(15) PRESENT POSTOFFICE OF MOTHER Rt Greenwood S.C.(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Greenwood Co. S.C.(19) OCCUPATION Domestic(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 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Symmes, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife So. Greenwood Co.

Given name added from a supplemental report

(26) Witness

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

....., 19

Registrar

(27) Filed July 10 1922 (28) A. R. Brooks
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.