

(1) PLACE OF BIRTH

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

No. for State Registrar Only  
**21709**

County of Lowndes

Township of .....

or Inc. Town of Bridgman

or City of .....

Registration District No. 30 C

Registered No. 15  
(For use of Local Registrar)

(2) Full Name of Child Henry P. Moore (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy (4) Twins or Triplets To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH July 23 1923

FATHER (8) FULL NAME Henry P. Moore

(9) PRESENT POSTOFFICE OF FATHER Bridgman, O.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)

(12) BIRTHPLACE Lake City, O.C.

(13) OCCUPATION Lumber dealer

(20) Number of children born to mother, including present birth Three

MOTHER (14) NAME BEFORE MARRIAGE Mrs. Cora Lee Moore

(15) PRESENT POSTOFFICE OF MOTHER Bridgman, O.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)

(18) BIRTHPLACE Lake City, O.C.

(19) OCCUPATION Housewife

(21) Number of children of the mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at Lake City, O.C. on the date above stated. (If stillborn, Hour M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 10 1923 (28) W. J. Loney 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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