

(1) PLACE OF BIRTH

County of Florence
 Township of James H. Wells
 or
 Inc. Town of
 or
 City of

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

No. 10.—For State Registrar Use
3851

Registration District No. 2006 Registered No. 2.....
 (For use of Local Registrar)

City of (No. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR GENDER Boy (4) Type of Birth Normal (5) Number in order of birth 1
 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 20 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Moorey Moore
 (9) PRESENT POSTOFFICE OF FATHER Timmonsville
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 47
 (12) BIRTHPLACE Sumter Co.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 8

MOTHER.
 (15) NAME BEFORE MARRIAGE Ella Sickey
 (16) PRESENT POSTOFFICE OF MOTHER Timmonsville
 (17) COLOR OR RACE B (18) AGE AT LAST BIRTHDAY 39
 (19) BIRTHPLACE Sumter Co.
 (20) 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 alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Wilson (24) Address of Physician or Midwife Sumter Co.

Given name added from a supplemental report

(25) Witness Mrs. J. H. Thompson.....
 (Signature of Witness necessary only when Section 22 is signed by mark)

(26) Date Feb. 1 1923 (27) Mrs. J. H. Thompson

When there was no attending physician or midwife, the report is entered of child's birth.