

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Black

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

29622

Registration District No. 3608 Registered No. 94

(For use of Local Registrar)

(2) Full Name of Child Paul Moore

If child is not yet named, make supplemental report as directed

(3) ☒ Male ☐ Female (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 12 23  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Julius Moore(9) PRESENT POSTOFFICE OF FATHER Elmore SC(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 34  
(Year)(12) BIRTHPLACE Orangeburg SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5 had

## MOTHER.

(14) NAME BEFORE MARRIAGE E. Noah Anderson(15) PRESENT POSTOFFICE OF MOTHER Elmore SC(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE Orangeburg SC(19) OCCUPATION Farmer wife(21) Number of children of this mother now living, including present birth 5 had

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bella Backman (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Frances M. Doby  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Sept 24 1923 (28) H. J. Tucker  
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.