(1) PLACE OF BIRTH

County of Bamberg

Township of Bamberg

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3120

Registration District No. 400 Registered No. 24

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) ~~BOY OR~~ GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth First (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 12 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Jacob Moody	(14) NAME BEFORE MARRIAGE Lizzie B. Staley.
(9) PRESENT POSTOFFICE OF FATHER Bamberg sc. R. 4	(15) PRESENT POSTOFFICE OF MOTHER Bamberg sc. R. 4.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Bamberg County	(18) BIRTHPLACE Aiken County
(13) OCCUPATION Farm Hand	(19) OCCUPATION Farm hand
(20) Number of children born to mother including present birth One	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Simmons

(24) State whether Physician or ~~Midwife~~ Midwife (25) Address of Physician or Midwife Bamberg sc. R. 4

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness G. C. Bamberg

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

(27) Filed 2/20 1922 (28) John Cooper

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.