

No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of James

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 904

No. 16999

16999

Registered No. 92  
(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 Evelyn Moore If child is not yet named, make supplemental report as directed(3) SEX OR GENDER ♀ (4) Type or Triplet yo (5) DATE OF BIRTH June 23  
(To be entered only in case of Twin or Triplet)

FATHER		MOTHER	
(6) FULL NAME <u>Julian Moore</u>	(14) NAME BEFORE MARRIAGE <u>Lula Burden</u>	(16) PRESENT RESIDENCE OF FATHER <u>James Island</u>	(18) PRESENT RESIDENCE OF MOTHER <u>James Island</u>
(10) COLOR OR RACE <u>Bk.</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(16) COLOR OR RACE <u>Bk.</u>	(18) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>S.C.</u>	(14) BIRTHPLACE <u>James Island</u>	(16) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachael Seabrook  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James IslandGiven name added from a supplement-  
tal reportL. R. Seabrook  
Registrar

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

(27) Filed June 25 1923 (28) P. F. Lumball  
Local Registrar

When there was no attending physician or midwife, when 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.