

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Charleston
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

25282

Registration District No. QIV

Registered No. 10
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Charles Joseph Moore

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 30, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Chas J. Moore
(9) PRESENT POSTOFFICE OF FATHER Monterville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)
(12) BIRTHPLACE Charleston
(13) OCCUPATION Plumber

MOTHER.
(14) NAME BEFORE MARRIAGE Margaret McNamee
(15) PRESENT POSTOFFICE OF MOTHER Monterville
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)
(18) BIRTHPLACE Charleston
(19) OCCUPATION House wife

20) Number of children born to mother, including present birth 1

(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..... at 2:00 P. M.,
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. B. Brown

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. B. Brown, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filled Sept 1, 1922 (28) W. B. Brown 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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