

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

FILE - IN THE RIGHT

County of Orangeburg

Township of

Inc. Town of CityCity of Orangeburg, S.C.Registration District No. 360 Registered No. 33841
(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 Cora Lela Moore (If child is not yet named, make supplemental report as directed)(3) Sex Female (4) Type or Triplet (5) Number in order of birth (6) Age of mother (7) Date of birth Sept. 29, 1923
(Month of birth) (Day) (Year)

FATHER.

(8) Full name J. H. Moore(9) Present residence of father Orangeburg, S.C.(10) Color Negro (11) Age at last birthday 31
(Year)(12) Birthplace Orangeburg, S.C.(13) Occupation Manager Driver(14) Number of children born to mother, including present birth 3

MOTHER.

(14) Name before marriage Julia Sargent(15) Present residence of mother Orangeburg, S.C.(16) Color Negro (17) Age at last birthday 28
(Year)(18) Birthplace Calhoun Co.(19) Occupation Domestic(21) Number of children of this mother now living, including present birth 3

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. (Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Moore (24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 11-1 to 23 M. W. H. Duke
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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