# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
1001

(1) PLACE OF BIRTH

County of Darlington
Township of Society Hill
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 18.10. Registered No. 4
(For use of Local Registrar)

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

(2) Full Name of Child Henry Moore (If child is not yet named, make supplemental report as directed)

| (3) BOY OR GIRL | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Boy | | | Yes | Jan 15 22 |

## FATHER.

(8) FULL NAME .....

(9) PRESENT POSTOFFICE OF FATHER .....

(10) COLOR OR RACE .....

(11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE .....

(13) OCCUPATION .....

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Moore

(15) PRESENT POSTOFFICE OF MOTHER Society Hill

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm Worker

(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 Born alive at 11 P. M. on the date above stated.
(Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Davis
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

..... 19.....
Registrar

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

(27) Filed Jan 20 1922 (28) C. Montgomery 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.

DISTRICT OF COLUMBIA, S. C.

WRITE PLAINLY, WITH UNFADING INK. USE A SEPARATE BLANK FOR EACH CHILD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.