

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

May 4 22

FATHER.

(8) FULL NAME

Peter J. Moudonis

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Greece

(13) OCCUPATION

Clerk in Confect. Store

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

1

(14) NAME BEFORE MARRIAGE

Haido N. Harakas

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

Greece

(19) OCCUPATION

Housewife

(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... on the date above stated.

Born alive at 10:20 A.M. (Hour M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

156 E. Main

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6-1-22

(28)

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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