

(1) PLACE OF BIRTH

County of

Township of

or

Sec. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

24499

Registration District No. 2105

Registered No. 22
(For use of Local Registrar)

(2) Full Name of Child

Mollie Moore

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

girl

(4) Twin or Triplet

To be reported only in case of Twin or Triplet

(5) Number in order of birth

(6) Age

7 years

(7) DATE OF BIRTH

Aug 23, 1923

(Name of Month) (Day) (Year)

(8) FULL NAME

Quincie Moore

(9) PRESENT POSTOFFICE OF FATHER

Hemingway S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

3 years

(12) BIRTHPLACE

Georgetown S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Mollie Moore

(15) PRESENT POSTOFFICE OF MOTHER

Hemingway S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

2 years

(18) BIRTHPLACE

Georgetown S.C.

(19) OCCUPATION

housewife

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

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A, M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 24, 1923 (28) J. L. McCracken 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.