

(1) PLACE OF BIRTH

County of Stableburg
 Township of Stableburg
 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

30393

Registration District No. Registered No. 5-6
 (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 Benjamin Hamilton Moore If child is not yet named, make supplemental report as directed

(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 Sept. 18, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Moore
 (9) PRESENT POSTOFFICE OF FATHER Hahell S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Moore
 (15) PRESENT POSTOFFICE OF MOTHER Hahell S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 31
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION farm labourer
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lily Howard(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Hahell S.C.

(Given name added from a supplemental report)

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

(27) Filed Oct 8, 1923 (28) Perf Sanders
 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.