

1. PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of Campers
 or
 City of _____

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

FILE No.—For State Registrar Only
226863

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

St. _____ Ward _____
 (No. _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Eddie Lawrence Moore Jr. { If child is not yet named, make supplemental report as directed

1. BOY OR GIRL
Boy

4. Twin or Triplet?
No

3. Number in order of birth
2 of 4

6. Are Parents Married?
yes

7. DATE OF BIRTH

Jul 2 1923
 (Month of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER

8. FULL NAME Eddie L. Moore

9. PRESENT POSTOFFICE OF FATHER Campers SC

10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 27
 (Year)

12. BIRTHPLACE SC

13. OCCUPATION Book-keeper

20. Number of children born to mother, including present birth { 2

MOTHER

14. NAME BEFORE MARRIAGE Maunie Martin

15. PRESENT POSTOFFICE OF MOTHER Campers SC

16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 22
 (Year)

18. BIRTHPLACE SC

19. OCCUPATION House-work

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 alive (Born alive or stillborn) (Hour A.M. or P.M.) 2 P.M.
 on the date above stated.

23. Signature H. T. Alcorn

24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife Campers, SC.

Given name added from a supplemental report

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Registrar

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

27. Filed _____ 19 _____ 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.