

PLACE OF BIRTH
City of DARLINGTON
County of LYDIA
or
Town of _____

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health
Registration District No. 1506

FILE No.—For State Registrar Only

38071-a

Registered No. B-5
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
FULL NAME OF CHILD LeRoy Moses, Jr. { If child is not yet named, make supplemental report as directed.

Sex of Child Boy 11. Plurality 4. Twin, triplet, or other 5. Premature yes 7. Legitimate? yes 8. Date of birth Jan. 15, 1922
(Month, day, year)

FATHER		MOTHER	
Full name	<u>LeRoy Moses</u>	Full maiden name	<u>Lona Mitchell</u>
Residence (usual place of abode) (If nonresident, give place and State)	<u>Lydia, SC</u>	Residence (usual place of abode) (If nonresident, give place and State)	<u>Lydia, SC</u>
Color or race	<u>Negro</u>	Color or race	<u>Negro</u>
Birthplace (city or place) (State or country)	<u>Darlington Co., SC</u>	Birthplace (city or place) (State or country)	<u>Darlington Co., SC</u>
1. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.	<u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Domestic and</u>
2. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>farm labor</u>
3. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
12. Age at last birthday <u>25</u> (Years)		21. Age at last birthday <u>14</u> (Years)	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	
Number of children of this mother at time of this birth and including this child) <u>1</u>		(a) Born alive and now living <u>1</u>	(b) Born alive but now dead _____ (c) Stillborn _____
29. Cause of stillbirth		Before labor _____	During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 Pm on the date above stated
(Born alive or stillborn)
Attended by Bessie Cooper, (deceased) b.
Signed by W. D. Cooper Midwife
Address Lydia, S.C.
Filed May 13, 1932
Registrar W. D. Cooper

If there was no attending physician or midwife, then the father, householder, or other person should make this return.
Name added from _____
Supplemental report _____
(Date of) _____
Registrar _____