

WHEN FILLING IN, WITH PENCILING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
County of Cathoun
Township of Pinegrove
or
Inc. Town of Lone Star
or
City of (No. St.; Ward)
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

File No.—For State Registrar Only
17782

Registration District No. 813 Registered No. 58
(For use of Local Registrar)

(2) Full Name of Child Moses Moten 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 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ezekiel Moten
(9) PRESENT POSTOFFICE OF FATHER Lone Star
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE St. Mott
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Ada Dantzler
(15) PRESENT POSTOFFICE OF MOTHER Lone Star
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Lone Star
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at... 6.0 ...M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nettie Osburn
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
(26) Witness Mrs. J. T. Standerine
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 30, 1922 (28) J. T. Standerine
Registrar 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.