

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of Midland Park

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10. - For State Registrar Only

17031

Registration District No. 911 Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Luis Moring If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>girl</u>	(4) Type or Triplet To be reported only in event of Twin or Triplet	(5) Order in order of birth	(6) Age of Parent Married <u>yes</u>	(7) DATE OF BIRTH <u>June 19th 1923</u> (Month) (Day) (Year)
------------------------------	---	-----------------------------	--------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Stephen Moring</u>	(14) NAME BEFORE MARRIAGE <u>Missie Moring</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Philadelphia Pa.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Midland Park S.C.</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)
(12) BIRTHPLACE <u>Midland Park S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Public Work</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Johnson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness S. T. R. R. R.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 30th 1923 (28) Mrs. D. H. Taylor
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.

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.