

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 10 1923

(Name of Month) (Day) (Year)

(8) St.

Ward

(For use of Local Registrar)

FATHER.

(9) FULL NAME

Moody Bedabough

(10) PRESENT POST OFFICE OF FATHER

Prosperity

(11) COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

39

(13) BIRTHPLACE

Newberry Co

(14) OCCUPATION

Post Master

(15) Number of children born to mother, including present birth

3

MOTHER.

(16) NAME BEFORE MARRIAGE

Herta Harmon

(17) PRESENT POST OFFICE OF MOTHER

Prosperity

(18) COLOR OR RACE

White

(19) AGE AT LAST BIRTHDAY

39

(20) BIRTHPLACE

Newberry Co

(21) OCCUPATION

House Keeping

(22) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(Given name added from a supplemental report)

Daniel L. Carey

Date 21 1924

(Registrar)

(27) Witness

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

(28) Filed

Oct 10 1923

(29) Local Registrar

P. T. [Signature]

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.