

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — for State Register Only

2920

County of *Barnwell*

Township of *Red Oak*

City of *Spartanburg*

Registration District No. *209*

Registered No. *9*

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child *Agnes Virginia Moore*

(3) SEX OF CHILD *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1st* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 19 1920* (Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER *Oran DeLeon Moore* (9) FULL NAME OF MOTHER *Maudie Hill*

(10) PRESENT POSTOFFICE OF FATHER *Barnwell S.C.* (11) PRESENT POSTOFFICE OF MOTHER *Barnwell S.C.*

(12) COLOR OR RACE *White* (13) AGE AT LAST BIRTHDAY *30* (14) COLOR OR RACE *White* (15) AGE AT LAST BIRTHDAY *45*

(16) BIRTHPLACE *S.C.* (17) BIRTHPLACE *S.C.*

(18) OCCUPATION *Farmer* (19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *6* (21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2:12* P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *D. J. Anderson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Dunbarton S.C.*

Given name added from a supplemental report

May 4 1923

Janie S. Sayers

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *Feb 21 1923* (28) *Mrs. Parker* 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.

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