

## (1) PLACE OF BIRTH

County of Florence Co.  
 Township of North  
 or  
 Inc. Town of .....  
 or  
 City of .....

(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

22182

Registration District No. 2012 Registered No. 49  
 (For use of Local Registrar)

(2) Full Name of Child Annie Laura Moore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth 6th (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16, 1923  
 To be answered only in case of Twins or Triplets (Year of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME <u>Douglas Moore</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Rush</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Atlanta Ga</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Atlanta Ga.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Florence Co</u>	(18) BIRTHPLACE <u>Florence Co. S.C.</u>
(13) OCCUPATION <u>Clerk</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>2 living</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. K. Kelly(24) State whether Physician or Midwife MD(25) Address of Physician or Midwife Atlanta, Ga.

Given name added from a supplemental report

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

(27) Filed 6/23 1923 (28) J. K. Kelly 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.