

MARGIN RESERVATION FOR BINDING. WHERE PLACES, WITH ENLARGING INK—PARENTS SIGN FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson  
Township of Hall  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

28790

Registration District No. 306 Registered No. 89  
(For use of Local Registrar)

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

(2) Full Name of Child Eddie Moore (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 1 6) Are Parents Married? No 7) DATE OF BIRTH Sept 1 22  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME .....  
9) PRESENT POSTOFFICE OF FATHER .....  
10) COLOR OR RACE ..... 11) AGE AT LAST BIRTHDAY, (Years) .....  
12) BIRTHPLACE .....  
13) OCCUPATION .....

MOTHER.

14) NAME BEFORE MARRIAGE Ues Moore  
15) PRESENT POSTOFFICE OF MOTHER Star  
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY, (Years) 22  
18) BIRTHPLACE Abbeville  
19) OCCUPATION House work  
20) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alex at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Hattie Harris  
(24) State whether Physician or Midwife Midwife (25) Address Star or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 8 1922 (28) S. M. McAdams 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.