

## (1) PLACE OF BIRTH

County of Beaufort Co.Township of R. S. T. 1

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

20003

Registration District No. 706 Registered No. 41  
(For use of Local Registrar)(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 Gilbert 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? yes (7) DATE OF BIRTH July 11, 1923  
(Name of Month) (Day) (Year)FATHER. MOTHER.  
(8) FULL NAME Gilbert Moore (14) NAME BEFORE MARRIAGE Lessie Rodgers(9) PRESENT POSTOFFICE OF FATHER Jamestown S.C. (15) PRESENT POSTOFFICE OF MOTHER Jamestown S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
(Year) (Year)(12) BIRTHPLACE Beaufort Co. (18) BIRTHPLACE Beaufort Co.(13) OCCUPATION Farmer (19) OCCUPATION at home(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Mason(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wife Edwin S.C.

(When name added from a supplemental report)

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

(27) Filed July 11, 1923 (28) Local Registrar

\*When there was no attending physician or midwife, then the father, household, etc. should make this report. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.