

TAKEN

SWORN to before me this 13th day of Sept. A.D. 1932.  
*James H. Pappas*  
 Notary Public, S.C.

State of S.C.  
 District of Charleston  
 County of Charleston  
 Township of Sted  
 City of Charleston

1932

the answers on the foregoing return of birth and that they are true and correct.

1) PLACE OF BIRTH

County of *Charleston*  
 Township of *Sted*  
 City of *Charleston*  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

*Joseph Moore*  
 (To be answered only in event of Twins or Triplets)

BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>Twins</i>	(5) Number in order of birth <i>One</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 11, 1932</i> (Name of Month) (Day) (Year)
FATHER.				
FULL NAME				
PRESENT POSTOFFICE OF FATHER				
COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>21</i> (Years)			
BIRTHPLACE				
OCCUPATION				
Number of children born to mother, including present birth <i>3</i>				

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

File No.—For State Registrar Only  
**656**

Registration District No. *913* Registered No. *374*  
 (For use of Local Registrar)

(8) Are Parents Married? <i>Yes</i>	(9) SL; (For use of Local Registrar)	(10) Ward
If child is not yet named, make supplemental report as directed		

MOTHER.	
(14) NAME BEFORE MARRIAGE <i>Lora Moore</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Marble Point</i>
(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>21</i> (Years)
(18) BIRTHPLACE <i>Sted</i>	
(19) OCCUPATION <i>Housewife</i>	
(21) Number of children of this mother now living, including present birth <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) <i>May Anglen</i>	(24) State whether Physician or Midwife <i>Physician</i>	(25) Address of Physician or Midwife <i>Marble Point</i>
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Given name added from a supplemental report

(26) Witness <i>St. H. Wilson</i> (Signature of Witness necessary only when question 23 is signed by mark)	(27) Filed <i>Feb 10, 1932</i> (28) Local Registrar
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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.