

THIS IS A PERMANENT RECORD.
TWIN 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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Lancaster</i>		STATE OF SOUTH CAROLINA		43154	
Township of <i>Cedar Creek</i>		Bureau of Vital Statistics		Registered No. <i>552</i>	
OR		State Board of Health		(For use of Local Registrar)	
Inc. Town of		Registration District No. <i>2802</i>		St.; Ward)	
OR		(No.		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
City of		(If child is not yet named, make supplemental report as directed)			
(2) Full Name of Child <i>Minnie Belle Moore</i>					
(3) BOY OR GIRL <i>girl</i>		(4) Twin or Triplet? <i>No</i>		(5) Number in order of birth <i>1st</i>	
(6) Are Parents Married? <i>Yes</i>		(7) DATE OF BIRTH <i>Dec 16, 1922</i>		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>John Moore</i>			(14) NAME BEFORE MARRIAGE <i>Lucinda Bell</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Lancaster # 3</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Lancaster # 3</i>		
(10) COLOR OR RACE <i>Col</i>			(17) AGE AT LAST BIRTHDAY <i>35</i>		
(11) AGE AT LAST BIRTHDAY <i>37</i>			(18) BIRTHPLACE <i>Lancaster</i>		
(12) BIRTHPLACE <i>Lancaster co</i>			(19) OCCUPATION <i>Farming</i>		
(13) OCCUPATION <i>Farming</i>			(21) Number of children of this mother now living, including present birth <i>10</i>		
(20) Number of children born to mother, including present birth <i>13</i>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>11-30 a.m.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Elizabeth Bell</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Lancaster # 3</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <i>Jos. A. Caruth</i>		
(27) Filed <i>Dec 24, 1922</i>			(28) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					

MECAN OF COLUMBIA, COLUMBIA, S. C.