

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. 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 Hershaw

Township of Walter

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.)

(2) Full Name of Child

Mark Moore

File No.—For State Registrar Only  
**43101**

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 19, 1921  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Moore

(9) PRESENT POSTOFFICE OF FATHER Leesville SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42  
(Year)

(12) BIRTHPLACE I. C.

(13) OCCUPATION Lumber Hand

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Green

(15) PRESENT POSTOFFICE OF MOTHER Leesville SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38  
(Year)

(18) BIRTHPLACE I. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Bessie Moore (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife B. Carey SC

Given name added from a supplemental report

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

(27) Filed Dec 31, 1921 Thos. H. D. Gandy 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.

McGAW OF COLUMBIA, COLUMBIA, S. C.