

(1) PLACE OF BIRTH

County of FairfieldTownship of 23OR
Inc. Town ofOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1902

File No. — For State Registrar Only

42239

Registered No. 2828
(For use of Local Registrar)(2) Full Name of Child Ruth Moore

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Moore(9) PRESENT POSTOFFICE OF FATHER Blackstock R-4(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 41
(Year)(12) BIRTHPLACE Fairfield Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Raines(15) PRESENT POSTOFFICE OF MOTHER Blackstock R-4(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 38
(Year)(18) BIRTHPLACE Fairfield Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Raines(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blackstock R-4

Given name added from a supplemental report

(26) Witness Mrs L. F. Keistler

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

(27) Filed Dec 9 22(28) Mrs L. F. Keistler

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.