

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 1.

(1) PLACE OF BIRTH

County of Conasa
Township of Seneca
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.)

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

29506

Registration District No. 358 Registered No. 117
(For use of Local Registrar)

(2) Full Name of Child Lucy Frances Moody

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

(3) BOY OR GIRL girl

(4) Twin or Triplet
To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH March 8, 1925
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME James F. Moody

(9) PRESENT POSTOFFICE OF FATHER Seneca

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24
(Year)

(12) BIRTHPLACE Fair Play

(13) OCCUPATION Gardening

(14) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mathew Pickens

(15) PRESENT POSTOFFICE OF MOTHER Seneca

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
(Year)

(18) BIRTHPLACE Seneca

(19) OCCUPATION Cooking

(20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) M. L. Moody

(23) State whether Physician or Midwife. (24) Address of Physician or Midwife Seneca

Given name added from a supplemental report

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

(26) Filed 8/10/25 (27) Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.