

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  
Lancaster, S.C.  
County of .....  
Township of .....  
or  
Inc. Town of Lancaster, S.C....  
or  
City of .....

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

File No.—For State Registrar Only  
19203

Registration District No. 2804 Registered No. 123  
(For use of Local Registrar)  
(No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George W. Moore  
(If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL? Boy. (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes. (7) DATE OF BIRTH 6/15/22.  
(Name of Month) (Day) (Year)

FATHER.  
8. FULL NAME L.R. Moore.  
9. PRESENT POSTOFFICE OF FATHER Lancaster, n, S.C.  
10. COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 25.  
(Years)  
12. BIRTHPLACE Darlington, S.C.  
13. OCCUPATION Weaver-Cotton Mill.

MOTHER.  
14. NAME BEFORE MARRIAGE Charity West,  
15. PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.  
16. COLOR OR RACE White. (17) AGE AT LAST BIRTHDAY 26.  
(Years)  
18. BIRTHPLACE Chesterfield, S.C.  
19. OCCUPATION Housewife.

20. Number of children born to mother, including present birth Three.  
21. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. at ..... M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R.C. B. (24) State whether Physician or Midwife Physician. (25) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 7-14-22 (28) J. H. Mason 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.

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