

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Hartsville

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. 31624

31624

Registration District No. 3.07 Registered No. 143
(For use of Local Registrar)

City of

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

2. Full Name of Child Martha Maria Moon

(3) DATE OF BIRTH Dec 20 1923
(Name of Month) (Day) (Year)

(4) TWINS OR TRIPLETS? No (5) AGE OF MOTHER 33
(6) SEX OF CHILD Girl (7) COLOR OF CHILD White

(8) FULL NAME OF FATHER W. D. Moon

(9) PRESENT POST-OFFICE OF FATHER Hartsville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION mill work

(14) NAME BEFORE MARRIAGE Elizabeth Ford

(15) PRESENT POST-OFFICE OF MOTHER Hartsville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 6

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:20 A.M. (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) E. R. ... (24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Date Dec 31 1923 (28) Jennie Williams 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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Moon