

(1) PLACE OF BIRTH

County of *Greenville*

Township of

Inc. Town

(City of *Greenville*)

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

Form 1- for this year 1923
3081

Registration Number *22A* Registered No. *69*
(For use of Local Registrar)

(2) Full Name of Child *Patricia Moron*

1. SEX OR
GENDER *Female* 2. Type
or Triplet
3. Number in
order of birth
To be immediately in front of Type or Triplet
1

FATHER
Richard Moron

10. COLOR
OR
RACE *White*

11. AGE AT LAST
BIRTHDAY *24*

12. OCCUPATION
Contracting

13. Number of children born to
father, including present birth

MOTHER
Christine Simpson

14. PLACE OF
BIRTH *Greenville S.C.*

15. COLOR
OR
RACE *White*

16. OCCUPATION
Housewife

17. AGE AT LAST
BIRTHDAY

18. Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child on the date above stated.

(29) (Signature) *R. M. Smith*
(30) State whether Physician or Midwife
(31) Address of Physician or Midwife

Given under oath before me and signed by me

(32) Witness (Signature of Witness necessary only
when Section 22 is signed by nurse)
E. Smith

When there is a stillbirth, the physician, midwife, or nurse, should make this report, in report to Bureau of Vital Statistics.