

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Alameda
Township of 11
Inc. Town of
City of

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

No. 113—For this Register Only

Registration District No. 4600 Registered No. 1
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Infant Clarence If child is not yet named, make supplemental report as directed

(a) DAY OF BIRTH <u>Jan</u>	(b) TIME or Approx <u>1</u>	(c) NUMBER in order of birth	(d) SEX <u>Male</u>	(e) DATE OF BIRTH <u>Jan 1 1923</u>
FATHER			MOTHER	
(1) NAME <u>Wesley C. Moore</u>			(1) NAME BEFORE MARRIAGE <u>Julia Lowry</u>	
(2) PRESENT RESIDENCE OF FATHER <u>Alameda SC</u>			(2) PRESENT RESIDENCE OF MOTHER <u>Alameda SC</u>	
(3) COLOR <u>negro</u>			(3) COLOR <u>negro</u>	
(4) BIRTHPLACE <u>SC</u>			(4) BIRTHPLACE <u>SC</u>	
(5) OCCUPATION <u>Farmer</u>			(5) OCCUPATION <u>House work</u>	
(6) Number of children born to mother, including present birth <u>9</u>			(6) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 9 A. M. on the date above stated.

(23) (Signature) Sophy W. Bradley (24) State whether Physician or Midwife (25) Address of Physician or Midwife Alameda SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by physician)

(27) Signed Jan 15 1923 (28) L. H. Boyles 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.