

Form No. 1

## (1) PLACE OF BIRTH

County of Adams  
 Township of Schultz  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40628

Registration District No. 213Registered No. 70  
(For use of Local Registrar)

City of ..... (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 Catherine Moore 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 event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 15 22  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Seth Moore  
 (9) PRESENT POSTOFFICE OF FATHER Augusta Ga R4  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28  
 (Year) .....  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Laborer - RR  
 (20) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sallie Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R4  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23  
 (Year) .....  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION House  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Ryan  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga R4

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 15 22 (28) R. Medlock  
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.

MARGIN RESERVED FOR BINDING.

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 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.