

Form No. 1

(1) PLACE OF BIRTH

County of Horry
 Township of Little Britain
 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

28854

Registration District No. 2007 Registered No. 67
 (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 Leona Louise If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet —	(5) Number in order of birth To be answered only in event of Twin or Triplet	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 15, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Damon Moore</u>			(14) NAME BEFORE MARRIAGE <u>Blanche Louise</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wampee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wampee</u>	
(10) COLOR OR RACE <u>Bel</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Bel</u>		
(12) BIRTHPLACE <u>Horry Co</u>	(13) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(17) BIRTHPLACE <u>Horry Co</u>		
(18) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Housekeeping</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) Elizabeth Greene (M.D. or F.M.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 21, 1923 (28) Leon C. Barclay Registrar

*When there was no attending physician or midwife, even 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.