

MAKING SUGGESTED FOR BIRTHING. WITH UPDATING INSTRUCTIONS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND USE THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC. IN QUOTE 2.

(1) PLACE OF BIRTH

County of Durham
Township of Hatchery
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only
5381

Registration District No. 41A.9 Registered No.
(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 Marion Moody (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 18 23
(Name of Month) (Year)

FATHER.
(8) FULL NAME Preston Moody
(9) PRESENT POSTOFFICE OF FATHER Horatio S.C.
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE S.C.
(13) OCCUPATION farmer
(14) Number of children born to mother, including present birth 3

MOTHER.
(15) NAME BEFORE MARRIAGE Jennie Moody
(16) PRESENT POSTOFFICE OF MOTHER Horatio S.C.
(17) COLOR OR RACE col (18) AGE AT LAST BIRTHDAY 38
(19) BIRTHPLACE S.C.
(20) OCCUPATION farm laborer
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Stillborn or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. L. Howard
(24) State whether Physician or Midwife midwife (Address of Physician or Midwife) Marion Sander

(Given name added from a supplemental report)
S.E. Affidavit 5-17-44
A. A. Riser, M.D. Registrar

(25) Witness Marion Sander (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed Feb 25 1923 (27) Benny Sander 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 stillborn before the fifth month of pregnancy.