

(1) PLACE OF BIRTH

County of Orange

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 304 Registered No. 64
(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 Moses Smith If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL <u>Boy</u>	(4) Twin or Triplet To be entered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>4-16-23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Moses Smith</u>	(14) NAME BEFORE MARRIAGE <u>Dallie Harris</u>		

(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>
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(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
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(12) BIRTHPLACE <u>Anderson</u>	(13) BIRTHPLACE <u>Anderson</u>
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(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
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(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:00 P.M.
on the date above stated. (How A. M. or P. M.)(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Denver, Mo.Give name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 22 is signed by mark) [Signature](27) Filed 19 23 (28) Local Registrar [Signature]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.