

(1) PLACE OF BIRTH

County of *William*Township of *Andover*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

9423

Registration District No. *422*Registered No. *7*

(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 *Sullivan Elizabeth Moore*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

mae 5 1922

FATHER

(8) FULL NAME

W J Moore

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY *33* (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

6

MOTHER

(14) NAME BEFORE MARRIAGE

Alma O'neal

(15) PRESENT POSTOFFICE OF MOTHER

Trs 8 e

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY *24* (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alma* at *6* M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Dr D O Bost* (24) State whether Physician or Midwife*andover SC*

Given name added from a supplemental report

191

Registrar

(25) Witness

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

(26) *mae 28 1922* (27) *A. L. Banks*

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.

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