

see 28461

Form No. 3

(1) PLACE OF BIRTH

County of **Greenville**

Township of **Greenville**

City of **Greenville**

City of **Greenville**

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

28570

Registration District No. **2802A** Registered No.
(For use of Local Registrar)

(No. **Emma Moss Booth M. Hospital** Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH Sept. 8, 1923

(Month Day Year)

FATHER.

(8) FULL NAME

F.B. Moffett

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

So. Car.

(13) OCCUPATION

Bookkeeper in Bank

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Margaret Seott

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Illinois

(19) OCCUPATION

Housewife

(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** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Greenville

(Given name added from a supplemental report)

(26) Witness

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

(27) File

Sept 18, 1923

(28)

a. H. Mackey

Local Registrar

Registrar