

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg

Township of .....

Inc. Town of Holly Hill

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18727

Registration District No. 36A.9 Registered No. 81  
(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 Arthur Lee E. Moore If child is not yet named, make supplemental report as directed

3 SEX OR GROWTH <u>girl</u>	4 Twin or Triplet <u>1</u>	5 Number in order of birth <u>1</u>	6 Are Parents Married <u>Yes</u>	7 DATE OF BIRTH <u>June 21st 23</u> (Name of Month) (Day) (Year)
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## FATHER.

8 FULL NAME Willie C. Moore9 PRESENT POSTOFFICE OF FATHER Holly Hill S.C.10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26  
(Years)12 BIRTHPLACE S.C.13 OCCUPATION Farmer Hand14 Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Simpson(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer Hand(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie E. Cummings(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. Heesemann  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 30 1923 (28) H. M. Heesemann  
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.