

(1) PLACE OF BIRTH

County of YorkTownship of Black Creek

Inc. Town of

City of

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

(2) Full Name of Child Robert MooreNo. for State Register
38062Registration District No. 4403Registered No. 54
(For use of Local Registrar)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 15, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Moore(9) PRESENT POSTOFFICE OF FATHER Black Creek S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Year)(12) BIRTHPLACE Black Creek S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Mary Self(15) PRESENT POSTOFFICE OF MOTHER Black Creek S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Year)(18) BIRTHPLACE Black Creek S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Black Creek S.C.
on the date above stated. (Born alive or stillborn) (Place A. M. or P. M.)(22) (Signature) Lydia Foster(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Black Creek S.C.

(When name added from a supplemental report)

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Nov 27, 1923 (27) L. C. Kirkland
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.