

(1) PLACE OF BIRTH

County of YamhillTownship of Parrot

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
19484

Registration District No. 4308 Registered No. 44
 (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 Mather Esther Moore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (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 June 3rd
 (Month of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Leslie Moore
 (9) PRESENT POSTOFFICE OF FATHER Lanes S.S.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28
 (Year)
 (12) BIRTHPLACE Yamhill co. S.S.
 (13) OCCUPATION Farm laborer

MOTHER.
 (14) NAME BEFORE MARRIAGE Sarah Kinlaw
 (15) PRESENT POSTOFFICE OF MOTHER Lanes S.S.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
 (Year)
 (18) BIRTHPLACE Yamhill co. S.S.
 (19) OCCUPATION Farm laborer
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dilay Plowden (23) Address of Physician or Midwife Lanes S.S.
 (24) State whether Physician or Midwife midwife

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark) AR Moseley
 (26) Filed June 10th 1948 (27) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.