

(1) PLACE OF BIRTH

County of Yamhill
Township of Parrot
OR
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 case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH June 3rd 1923
(Month of Month) (Day) (Year)

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)

(23) (Signature) Dilay Clowden
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lanes, S.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 10th 1923 (28) A.R. Moseley 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.

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