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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of Columbia
or
Inc. Town of
or
City of

Standard Certificate of Birth

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

Registration District No. 38-1

22 049345

FILE No.—For State Registrar Only

01214

Registered No. (For use of Local Registrar)

(No. 2 St. 2 Ward)

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

2. FULL NAME OF CHILD Mattie Lee Moore

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl 4. Twins, triplets or other. 5. Number, in order of birth. 6. Premature. 7. Are Parents Married? Yes 8. Date of birth May 3, 19 22
(Month, day, year)

9. Full name Liamon Moore FATHER 18. Name before marriage Louise Carter MOTHER

10. Residence (mailing address) Route 8704, Columbia, S.C. 19. Residence (mailing address) same as father
(If non-resident, give place and State) Columbia, S.C. (If non-resident, give place and State) Columbia, S.C.

11. Color or race Colored 12. Age of child's birth 18 (years) 20. Color or race Colored 21. Age of child's birth 18 (years)

13. Birthplace (city or place) Columbia, S.C. (State or country) 22. Birthplace (city or place) Columbia, S.C. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. laborer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work all 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work all

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at P. m. on the date above stated.

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

Given name added from a supplementary report (Date of)

Registrar.

(Signed) Louise Moore, Parent or Guardian Address

Filed 10/12/43, 19 L.A. Riser, M.D. Registrar