

Form No. 1

## (1) PLACE OF BIRTH

County of GreenwoodTownship of Phoenixor  
Inc. Town of.....or  
City of.....(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 Genevieve Moore

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 16, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Silvester Moore(9) PRESENT POSTOFFICE OF FATHER Greenwood Route 4(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1 child

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Adams(15) PRESENT POSTOFFICE OF MOTHER Greenwood Route 4(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Walter R. R. R.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 15, 1922 (28) Ed. S. Blum  
Registrar 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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4495

Registration District No. 2311 Registered No. 5  
(For use of Local Registrar)