

## (1) PLACE OF BIRTH

County of AndersonTownship of MarionInc. Town of ...City of Gaffney S.C.

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

## (2) Full Name of Child

(3) Sex of child

(4) Twin or Triplet

(5) Number in order of birth

(6) Age of child

(7) Date of birth

BIRTH Jan 22, 1923

## FATHER

(8) Full name Charles Jones Moore(9) Present postoffice of father Gaffney S.C.(10) Color or race White (11) Age at last birthday 27(12) Birthplace Cherokee Co. Ga.(13) Occupation Cotton mill.(14) Number of children born to mother, including present birth 7

## MOTHER

(15) Full name Clotilda Bessie(16) Present postoffice of mother Gaffney S.C.(17) Color or race White (18) Age at last birthday 27(19) Birthplace Cherokee Co. Ga.(20) Occupation Home wife.(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at G. H. M. on the date above stated. (Name of child) (Name of M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplementary report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

Feb 10, 1923 (28) W. J. Smith 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.