

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Philadelphia

Inc. Town of .....

City of .....

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

Registration District No. 1409 ... Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Melba Christine Henry If child is not yet named, make supplemental report as directed

3. SEX OR GIRL? <input checked="" type="checkbox"/>	4. Twin or Triplet? <input checked="" type="checkbox"/> To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <input checked="" type="checkbox"/>	7. DATE OF BIRTH <u>June 22</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
8. FULL NAME <u>Earle E. Moore</u>	14. NAME BEFORE MARRIAGE <u>Edna Paul</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Turkey S.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Turkey S.C.</u>			
10. COLOR OR RACE <u>white</u>	11. AGE AT LAST BIRTHDAY <u>28</u> (Years)	16. COLOR OR RACE <u>white</u>	17. AGE AT LAST BIRTHDAY <u>24</u> (Years)	
12. BIRTHPLACE <u>Darlington Co.</u>	18. BIRTHPLACE <u>North Carolina</u>			
13. OCCUPATION <u>Farmer</u>	19. OCCUPATION <u>House Keeper</u>			
20. Number of children born to mother, including present birth <u>4</u>	21. Number of children of this mother now living, including present birth <u>4</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 44 at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) T. D. Houch

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

R. A. Chaplin

..... 19 .....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 25 1922 (28) L. A. Jordan sub-  
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.

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