

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

State Registrar Only

Registration District No. 22090 Registered No. 426
(For use of Local Registrar)

(No. R. 4. S. 7. 8. St. 1 Ward 1)
(If child is not yet named, make supplemental report as directed)

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(1) Number in order of birth 3 (2) Are Parents Married? Yes (3) DATE OF BIRTH May 3 1928
(Name of Month) (Day) (Year)

Month (Day) (Year)

FATHER.

MOTHER.

(14) NAME BEFORE MARRIAGE Dallas S. Moody

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE Kudruxon Mo

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certify that I attended the birth of this child, who was born alive at 5:30 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. D. ... Greenville S.C.

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

and from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 1 1928 (28) Local Registrar

If attending physician or midwife, then the father, householder, etc., should make this return. If not, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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* 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.