

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Conrad

Inc. Town of

City of

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

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
No. 20791—For State Registrar OnlyRegistration District No. 105 Registered No. 62
(For use of Local Registrar)

(2) Full Name of Child

May Lou Moon

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH Apr 12 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Platan Moon

(9) PRESENT POSTOFFICE OF FATHER

Donald De

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

Abbeville

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

17

MOTHER.

(14) NAME BEFORE MARRIAGE

Ann T. Moon

(15) PRESENT POSTOFFICE OF MOTHER

Donald De

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

Louisa

(19) OCCUPATION

Farming

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

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Robert J. Green

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

19

(27) Filed

(28)

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.

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 3.

Bureau of Statistics, Columbia, S. C.