

McGraw-Hill, Inc. 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.

(1) PLACE OF BIRTH

County of Lee

Township of Lynchburg

or  
Inc. Town of .....

or  
City of .....

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

(2) Full Name of Child James H. Moses

File No.—For State Registrar Only  
**31043**

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

Registration District No. 3022 Registered No. 118  
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 15 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Moses</u>	(14) NAME BEFORE MARRIAGE <u>Alice Durant</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Atkins S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Atkins S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)
(12) BIRTHPLACE <u>Madison Ga.</u>	(18) BIRTHPLACE <u>Lee C.S.C.</u>	(19) OCCUPATION <u>Cook</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(13) OCCUPATION <u>Mill work</u>	(20) Number of children born to mother, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Anderson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Madison Ga.

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 10/9 1922 (28) J. F. McIntosh 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.