

Form No. 1

(1) PLACE OF BIRTH

County of Lin
 Township of Lynchburg
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43377

Registration District No. 5002 Registered No. 178
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child David Moore

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 23 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Moore
 (9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38
 (Year) (12) BIRTHPLACE Sumter Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Hill
 (15) PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40
 (Year) (18) BIRTHPLACE Sumter Co. S.C.
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth { 9 } (21) Number of children of this mother now living, including present birth { 9 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A. 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 Midwife (25) Address of Physician or Midwife Lynchburg S.C.

Given name added from a supplemental report

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

(27) Filed 1/4 1923 (28) J. P. McIntosh
 Registrar 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.