

Form No. 1

(1) PLACE OF BIRTH

County of WestchesterTownship of North

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25482

Registration District No. 12.05Registered No. H. D.
(For use of Local Registrar)

(2) Full Name of Child

not named

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

3) BOY OR GIRL? Boy

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married? yes

7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

April 19 22

FATHER.

8) FULL NAME

W. D. Moore

9) PRESENT POSTOFFICE OF FATHER

Wiley S.C.

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

37

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

20) Number of children born to mother, including present birth

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Gona Stern

(15) PRESENT POSTOFFICE OF MOTHER

Wiley S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

36

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(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.