

(1) PLACE OF BIRTH

County of Dorchester
 Township of Hindmans
 or
 Inc. Town of Dorchester
 or
 City of

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

No. 43818

Registration District No. 1704 Registered No. 7
 (For use of Local Registrar)

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

(2) Full Name of Child Mary Lou Moultrie (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Type of Infant It is carried out in arms of Mother (5) Number in order of birth yes (6) DATE OF BIRTH Oct 8 1923
 (Name of Month) (Day) (Year)

FATHER

(1) FULL NAME Willie Moultrie

(2) PRESENT RESIDENCE OF FATHER Dorchester S.C.

(3) COLOR OR RACE negro (4) AGE AT LAST BIRTHDAY 40
 (Years)

(5) BIRTHPLACE Dorchester S.C.

(6) OCCUPATION Farmer

(7) Number of children born to mother, including present birth 7 children

MOTHER

(1) NAME BEFORE MARRIAGE Emma Shuler

(2) PRESENT RESIDENCE OF MOTHER Dorchester S.C.

(3) COLOR OR RACE negro (4) AGE AT LAST BIRTHDAY 52
 (Years)

(5) BIRTHPLACE Dorchester

(6) OCCUPATION Housewife

(7) Number of children of this mother now living, including present birth 15 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) Twedy Moultrie

(30) State whether Physician or Midwife Physician (31) Address of Physician or Midwife Dorchester

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mother)

(33) Filed Feb 9 1924 (34) Gail M. Moultrie Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.