

(1) PLACE OF BIRTH

County of Yamgeby
 Township of Hebron
 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

31658

Registration District No. 3608 Registered No. 61
 (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 Julia Lee Moore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 28 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur C. Moore(9) PRESENT POSTOFFICE OF FATHER Necesse, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 19
 (Year)(12) BIRTHPLACE Yamgeby County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Moore(15) PRESENT POSTOFFICE OF MOTHER Necesse S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17
 (Year)(18) BIRTHPLACE Yamgeby County(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Martha Johnson
 (24) State whether Physician or Midwife M. M. (25) Address of Physician or Midwife Livingston

Given name added from a supplemental report

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

(27) Filed Feb 28 22 (28) Livingston 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 stillbirth before the fifth month of pregnancy.