

(1) PLACE OF BIRTH

County of York
 Township of South
 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

20609

Registration District No. 4408 Registered No. 95
 (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 James White Moore If child is not yet named, make supplemental report as directed

(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 June 27, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Moore</u>	(14) NAME BEFORE MARRIAGE <u>Julie White</u>	(9) PRESENT POSTOFFICE OF FATHER <u>York R. F. D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>York R. F. D.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Gastonia Co. N. C.</u>	(18) BIRTHPLACE <u>Gastonia Co. N. C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, 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 or stillborn at 5:45 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Cynthia Phillips (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York R. F. D.

Given name added from a supplemental report

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

(27) Filed June 29, 1922 (28) John Harris 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.

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