

Form No. 1

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Lizora  
 OF  
 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

41172

Registration District No. 802 Registered No. 154  
 (For use of Local Registrar)

(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 Caroline Elizabeth 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 Dec 20 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James M. Moore Jr.  
 (9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Keller  
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) 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 Born alive at 2 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) A. P. Drayton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Cameron, 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 Dec 30 1922 (28) W. S. Keller  
 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.

MARGIN RESERVED FOR INDEXING.  
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.