

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Providence

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.)

(2) Full Name of Child Infant Sumter

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes(7) DATE OF BIRTH March 20, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm. H. Moore

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Edna Sumter

(15) PRESENT POSTOFFICE OF MOTHER

Walter S. S.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

S. S.

(19) OCCUPATION

at home

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

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 4:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. L. Ruffield

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Witness

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

(26) Filed April 2, 1923

(27) 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.