

(1) PLACE OF BIRTH
County of Richland
Township of A.R.

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

File No.—For State Registrar Only

8283

Inc. Town of City Registration District No. 382 Registered No. 167
(For use of Local Registrar)
City of Columbia (No. 803 Lady St) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Cola Lee Moon If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2-24-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Lemoon

(9) PRESENT RESIDENCE Columbia SC.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE New Berry SC.

(13) OCCUPATION Candy Maker

(14) Number of children born to including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Lemoon

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Molliem County Baltimore Md

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born at 4 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Paterfield (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Apr 4 1923 (28) C. J. Sloan Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.