

THIS IS A PRELIMINARY RECORD.
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 3.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Chesterfield Co.</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		3459	
Township of <u>Rock Hill</u>		Registration District No. <u>267</u>		Registered No. <u>5</u>	
Inc. Town of <u>Middleburg</u>				(For use of Local Registrar)	
City of <u>At this home</u>		(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 <u>Yvonne M. Moore</u>				If child is not yet named, make supplemental report as directed	
(3) SEX— GIRL <u>girl</u>	(4) Twin or Triplet <u>1st</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>2-27-23</u>	
To be answered only in event of Twin or Triplet				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Walter H. Moore</u>			(14) NAME BEFORE MARRIAGE <u>Marion Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Middleburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Middleburg S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>45</u>			(17) AGE AT LAST BIRTHDAY <u>28</u>		
(12) BIRTHPLACE <u>Chesterfield Co. S.C.</u>			(18) BIRTHPLACE <u>Chesterfield Co. S.C.</u>		
(13) OCCUPATION <u>Teaming</u>			(19) OCCUPATION <u>Farmer Wife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Albion H. H. H. H.</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Middleburg S.C.</u>					
Given name added from a supplement- tal report					
(26) Witness <u>Nora Johnson</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Feb. 28, 1923</u> (28) <u>L. F. H. H.</u> 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.					