

Form No. 1

## (1) PLACE OF BIRTH

County of PortsmouthTownship of Beach

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 John MooreFile No. — For State Registrar Only  
**5220**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 706Registered No. 19  
(For use of Local Registrar)a. BOY OR  
GIRL Boyb. Twin  
or Tripletc. Number in  
order of birthd. Are  
Parents  
Married noe. DATE OF  
BIRTH Feb 16 1923

## FATHER.

## MOTHER.

(1) FULL  
NAME(14) NAME BEFORE  
MARRIAGE Inez Moore(2) PRESENT  
POSTOFFICE  
OF FATHER(15) PRESENT  
POSTOFFICE  
OF MOTHER Inman 63(16) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(16) COLOR  
OR  
RACE Col(17) AGE AT LAST  
BIRTHDAY 17

(Years)

(18) BIRTHPLACE

(16) BIRTHPLACE St. G. S. B.

(19) OCCUPATION

(16) OCCUPATION Field Hand(20) Number of children born to  
mother, including present birth(21) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 a. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. A. Scott(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Inman 63Give name added from a supplement  
report

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed "Stillborn")(27) Filed Feb 17 1923

(28)

19  
RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make the report  
once, it must not be reported as stillborn. No report is desired of stillborns  
before the fifth month of pregnancy.