

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINS, N. Y.—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, D. C.

## (1) PLACE OF BIRTH

County of Darke  
 Township of Darke  
 or  
 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  
28883

Registration District No. 400 Registered No. 125  
 (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 Meta Moody (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 Sept 28, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charley Moody  
 (9) PRESENT POSTOFFICE OF FATHER Darke  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (12) BIRTHPLACE Darke  
 (13) OCCUPATION Farm  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Meta Dowling  
 (15) PRESENT POSTOFFICE OF MOTHER Darke  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22  
 (Year)  
 (18) BIRTHPLACE Darke  
 (19) OCCUPATION Farm Hand  
 (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 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jam Sumner  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darke

Given name added from a supplemental report

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

(27) Filed 9/30 19 22 (28) John Coover 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.