

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of W. C. Lee
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

1469

Registration District No. 3004 Registered No.
 (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 Reus Moses

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 13 1923
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawson Moses
 (9) PRESENT POSTOFFICE OF FATHER St. Charles SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43
 (12) BIRTHPLACE Lee Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bellie McIntosh
 (15) PRESENT POSTOFFICE OF MOTHER St. Charles SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Lee Co.
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Stewart(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chillicothe SC

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Feb 23 1923

(28)

Newton Gibson
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

MARGIN RESERVED FOR BINDING.

WHITE PLAIN. WITH INFLUENCE. THIS IS A PERMANENT 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 5

Bureau of Columbia, Columbia, S. C.