

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Dillon

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of

Cannuchal

State Board of Health

or
Inc. Town of

Registration District No. 7421

Registered No. 62

(For use of Local Registrar)

City of

(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

Lupton J. Moody

If child is not yet named, make

(3) BOY OR
GIRL?

Boy

(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

Aug. 8

1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME

Jesse T. Moody

(14) NAME BEFORE
MARRIAGE

Annie Miller

(9) PRESENT
POSTOFFICE
OF FATHER

Dillon S.C. R.D. 2

(15) PRESENT
POSTOFFICE
OF MOTHER

Dillon S.C. R.D. 2

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

56

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

30

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

(20) Number of children born to
mother, including present birth

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Delivered at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. M. Michaux

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Dillon S.C.

Given name added from a supplemen-
tal report

Suby 24, 1916

Registrar

(26) Witness

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

(27) Filed Aug. 1916

(28) B. R. Westbury 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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.N. B.—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.

McCaw, of Columbia.

File No. For State Registrar Only
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