

File No. For State Registrar Only
72398

(1) PLACE OF BIRTH
 County of Willow STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Cannuchal State Board of Health
 or
 Inc. Town of Registration District No. 7.4.2.f. Registered No. L 2
 or
 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 Lepton J. Moody 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 Aug 8 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jesse T. Moody
 (9) PRESENT POSTOFFICE OF FATHER Willow S.B.R.D. 2
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 56 (Years)
 (12) BIRTHPLACE S.B.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Annie Miller
 (15) PRESENT POSTOFFICE OF MOTHER Willow S.B. R.D. 2
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE S.B.
 (19) OCCUPATION Housewife
 (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 born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) D.M. McKeown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Willow S.C.

Given name added from a supplemental report
Moody
Willow
Willow
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 1916 (28) B.R. Westberry 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.