

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Loweror
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)(2) Full Name of Child Robert Moody

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 30, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Fortune Moody</u>	(14) NAME BEFORE MARRIAGE <u>Mary Randolph</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Hopkins S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hopkins S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER	(16) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>negro</u>
(10) COLOR OR RACE	(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY
(11) AGE AT LAST BIRTHDAY	(13) OCCUPATION <u>Labour</u>	(18) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE
(12) BIRTHPLACE	(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth
(13) OCCUPATION			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at... 2 P.M. ...on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Prucula L. L. L.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 5, 1922 (28) J. P. Garick
Registrar 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.

WAYS PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.