CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31880

(1) PLACE OF BIRTH

County of Richland

Township of .....
or
Inc. Town of .....
or
City of Columbia

Registration District No. ..... Registered No. .....
(For use of Local Registrar)

(No. 1147 Olympia Ave. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mooney

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	—	—	Yes	Sept 7 1922

FATHER.

(8) FULL NAME Peter Marion Mooney

(9) PRESENT POSTOFFICE OF FATHER 1147 Olympia Ave.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE N. C.

(13) OCCUPATION Pay Master

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mittie Frances Lucas

(15) PRESENT POSTOFFICE OF MOTHER 1147 Olympia Ave

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Oscar LaBorde M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) ..... 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.

REGISTRAR OF COLUMBIA, S. C.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.