

(1) PLACE OF BIRTH

County of YorkTownship of Cherry

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Charles

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age from Marital <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 15 23</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Adrian Moore</u>			(14) NAME BEFORE MARRIAGE <u>Sadie Moore</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm Laborer</u>		(19) OCCUPATION <u>Farm Laborer</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.(23) (Signature) Charles Stiles(24) State whether Physician or Midwife 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 7/19/23

(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.