

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.

## (1) PLACE OF BIRTH

County of Abbeville **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of South Pond  
 or  
 Inc. Town of.....  
 or  
 City of.....

File No.—For State Registrar Only

40695

Registration District No. 4003 Registered No. 75  
 (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 Moses Brooks Bass 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 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 19 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lisk Bass  
 (9) PRESENT POSTOFFICE OF FATHER Barton  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Abbeville SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Brooks  
 (15) PRESENT POSTOFFICE OF MOTHER Barton  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Abbeville SC  
 (19) OCCUPATION Farmer's wife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Maria Warden(24) State whether Physician or Midwife(25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report

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

(27) Filed Dec 30 19 22 (28) J. H. Russell  
 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.