

(1) PLACE OF BIRTH

County of York
 Township of Wingate
 Inc. Town of
 City of

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

Registration District No. 44R.7

File-For this Report
38106

Registered No. 151
(For use of Local Registrar)

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

(2) Full Name of Child

Pauline M. Moore

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

(a) SEX OF CHILD Girl (b) Type or Trace To be reported only by one of Father or Mother (c) Number in order of birth (d) Age of child at birth 1 yr (e) DATE OF BIRTH Nov 4 1923
 (Month) (Day) (Year)

FATHER

(a) FULL NAME Pauline M. Moore(b) PRESENT POSTOFFICE OF FATHER Pauline M. Moore(c) COLOR OR RACE Black (d) AGE AT LAST BIRTHDAY 28 (Year)(e) BIRTHPLACE Albany(f) OCCUPATION Housewife(g) Number of children born to mother, including present birth 1

MOTHER

(a) NAME BEFORE MARRIAGE Willie Thompson(b) PRESENT POSTOFFICE OF MOTHER Pauline M. Moore(c) COLOR OR RACE Black (d) AGE AT LAST BIRTHDAY 29 (Year)(e) BIRTHPLACE Albany(f) OCCUPATION Housewife(g) 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 Pauline M. Moore on the date above stated. (Born alive or stillborn) (Now A. M. or P. M.)

(23) (Signature) Pauline M. Moore(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pauline M. Moore

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Oct - 2 - 23 (28) Pauline M. Moore Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report, 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.

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