(1) PLACE OF BIRTH

County of Charleston

Township of James Isld

or

Inc. Town of .....

or

City of ..... (No. ..... St.) ..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For Use of Registrar

572

Registration District No. 904 Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Peter Moore (If child is not yet named, make supplemental report as directed.)

(3) SEX OF CHILD	(4) Twin, or Triplet	(5) Number in order of birth	(6) Are twins fraternal?	(7) DATE OF BIRTH (Month) (Day) (Year)
B.			yes	Jan 17 22

FATHER.	MOTHER.
(8) FULL NAME John Moore	(14) MAIDEN SURNAME Rosa Middleton
(9) RESIDENCE OF FATHER R1 Charleston S.C.	(15) RESIDENCE OF MOTHER R1 Charleston
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE James Island	(18) BIRTHPLACE James Island
(13) OCCUPATION Tenant - farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present child 4	(21) Number of children of this mother now living, including present child 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Walson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R1 Charleston

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 Jan. 24 22 Hugh Sanford

When there was no attending physician or midwife, state the father, householder, etc. [illegible]

If a child breathes even once, it must not be reported as stillborn. No report [illegible] before the 6th month of pregnancy.