

(1) PLACE OF BIRTH
County of Moultrie

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

File No.—For State Registrar Only

15916

Township of

or
Inc. Town of Summerville

or
City of

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

Registration District No. 33A

Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Mary

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth

(Take answer only in case of Twins or Triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

5 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William M. More

(9) PRESENT POSTOFFICE OF FATHER Summerville, SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Lizzie Sanders

(15) PRESENT POSTOFFICE OF MOTHER Summerville, SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born 10:45 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. ...

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Summerville, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

191

(28)

Local

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.

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