

MARGIN RESERVED FOR BINDING.

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.

Form of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
County of Albermarle
Township of
OF
Inc. Town of
OF
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 State Registrar Only
5693

Registration District No. 4600 Registered No. 22
(For use of Local Registrar)

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

(3) SEX <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) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 6, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sammy Moore</u>			(14) NAME BEFORE MARRIAGE <u>Sammy Kuyper</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Albermarle S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Albermarle S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Public Work</u>			(19) OCCUPATION <u>Laundry</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 a. M.,
on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Gray Ann
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Albermarle S.C.

(26) Witness W. H. Boyd
(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Mar 15, 1923 (28) J. H. Boyd 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.