

(1) PLACE OF BIRTH  
 County of Wilkes  
 Township of Langley  
 or  
 Inc. Town of .....  
 or  
 City of Langley (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  
**40663**

Registration District No. 2-1-7-A Registered No. 120  
 (For use of Local Registrar)

(2) Full Name of Child Eller, Earline Moody { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? no (7) DATE OF BIRTH Dec. 6, 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Moody  
 (9) PRESENT POSTOFFICE OF FATHER Langley S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)  
 (12) BIRTHPLACE Langley S.C.  
 (13) OCCUPATION Cotton Mill Opr  
 (20) Number of children born to mother, including present birth { One

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Rhoden  
 (15) PRESENT POSTOFFICE OF MOTHER Langley S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Langley S.C.  
 (19) OCCUPATION Cotton Mill Opr  
 (21) Number of children of this mother now living, including present birth { one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4 ..... 9 M.,  
 on the date above stated. (Hour of birth or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Langley S.C.

Given name added from a supplemental report

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

(27) Filed Dec 16 1922 (28) L. W. Spradley  
 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.

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