

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

Inc. Town of

City of Sumter

(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

32407

Registration District No. 41 ARegistered No. 173

(For use of Local Registrar)

(No. Sumter Ward)

(2) Full Name of Child

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

3) BOY OR GIRL

Boy

4) Twin or Triplet

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

Yes

7) DATE OF

BIRTH Aug. 2, 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Melvin McLeod Moore

9) PRESENT POSTOFFICE OF FATHER

Osceola S.C.

10) COLOR OR RACE

SS.?

12) BIRTHPLACE

Osceola

13) OCCUPATION

Farmer

20) Number of children born to mother, including present birth

2

MOTHER.

14) NAME BEFORE MARRIAGE

Laisy Boice

15) PRESENT POSTOFFICE OF MOTHER

Osceola S.C.

16) COLOR OR RACE

W. Charles SS.?

18) BIRTHPLACE

H. Charles

19) OCCUPATION

Housewife

21) 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 alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug. 10, 1922

(28)

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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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.
REG. OF COLUMBIA, COLUMBIA S. C.