

Form No. 1

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Carmichael  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42063

Registration District No. 1601 Registered No. 114  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) Male or Female (4) Twin or Triplet? (5) Number in order of birth (6) Age, Parity, Married? (7) DATE OF BIRTH 4-17-22  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Jessie J. Moody  
 (9) PRESENT POSTOFFICE OF FATHER Dillon S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 63 (Years)  
 (12) BIRTHPLACE Dillon Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Three

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lucine Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Dillon S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE Dillon Co. S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Living at 7:45 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) John T. Burdette, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Route One Me

Given name added from a supplemental report

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

(27) Filed Dec 13-22 (28) John T. Burdette 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.

NOTE: 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.