

## (1) PLACE OF BIRTH

County of Anderson  
 Township of 2  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 9400 Registered No. 22  
 (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 Walter Charles Moffett If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 9th (6) Are Parents Married Yes (7) DATE OF BIRTH July 10, 1923  
 To be answered only in case of Twin or Triplet

**FATHER.**  
 (8) FULL NAME John Moffett  
 (9) PRESENT POSTOFFICE OF FATHER Newberry S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Year)  
 (12) BIRTHPLACE Newberry Co S.C.  
 (13) OCCUPATION Farmer  
**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Alice Tucker  
 (15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Year)  
 (18) BIRTHPLACE Newberry Co S.C.  
 (19) OCCUPATION House wife  
 (20) Number of children born to mother, including present birth 9  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

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

Give name added from a supplemental report

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

(27) Filed Aug 8 19 23 (28) [Signature] 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.