

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
Township of Hillsboro
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

42093

Registration District No. 1603 Registered No. 186
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet Yes (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH 12/11/23
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leonard Moody

(9) PRESENT POSTOFFICE OF FATHER Lake view S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Dillon Co

(13) OCCUPATION Farm

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

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Dew

(15) PRESENT POSTOFFICE OF MOTHER Lake view S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE Marion, W.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 6:15 A.M., on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) W. G. Lester, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake view 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 12/12/23 (28) W. G. Lester
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.

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.

MOBAC OF COLUMBIA, COLUMBIA, S. C.