

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH UNPAID INC.—THIS IS A PERMANENT RECORD, and mark the  
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.

(1) PLACE OF BIRTH.

County of Greenville  
Township of Highland  
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

42772

Registration District No. 2211

Registered No.....  
(For use of Local Registrar)

(2) Full Name of Child

Roy Brockman Moon

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 7, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. L. Moon  
(9) PRESENT POSTOFFICE OF FATHER Greer, S.C. R. 3  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Elsie Dill  
(15) PRESENT POSTOFFICE OF MOTHER Greer, S.C. R. 3  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(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 alive at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Brockman  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greer, 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 Jan 9, 1923 (28) S. J. Wilson 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.

RECEIVED OF COLUMBIA, S. C.