

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—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, **CERTIFICATE OF BIRTH**
 County of Greenville STATE OF SOUTH CAROLINA
 Township of Highland Bureau of Vital Statistics
 or State Board of Health
 Inc. Town of..... Registration District No. 2211 Registered No.....
 or (For use of Local Registrar)
 City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
42773

(2) Full Name of Child Roy Brockman Moon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 7, 1922</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>J. L. Moon</u> (9) PRESENT POSTOFFICE OF FATHER <u>Greer, S.C. R. 3</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>28</u> (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>one</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Elsie Dill</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Greer, S.C. R. 3</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>21</u> (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>one</u>	

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.

MICHIGAN OF COLUMBIA, COLUMBIA, S. C.