

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, Column B, C.

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of York
or
City of York

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

File No.—For State Registrar Only
9481

Registration District No. 44.45H Registered No. 56
(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 Russell Edward Moton

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH March 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Harrison Moton
(9) PRESENT POSTOFFICE OF FATHER York, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE York Co. S.C.
(13) OCCUPATION Textile worker
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE May Presoley
(15) PRESENT POSTOFFICE OF MOTHER York S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE York Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Philip W. Hunter
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York, 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 Apr. 15, 1922 (28) M. J. Kallers 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.

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