

(1) PLACE OF BIRTH

County of York
 Township of Liberty
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

29825

Registration District No. 2155 Registered No. 85

(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH Sept 6, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Moun(9) PRESENT POSTOFFICE OF FATHER Liberty S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Hochworth(15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour 11:30 A. M. or P. M.) on the date above stated.(23) (Signature) J. J. Fick (24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty 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 10/2/23 (28) J. M. Hester 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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