

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 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

42740

Registration District No. 2-109B Registered No. 424
 (For use of Local Registrar)
 (No. 8 Block 11 - St.; Jensen Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Betty Mae

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 15, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Leonard T. Moore</u>			(14) NAME BEFORE MARRIAGE <u>Estelle Browry</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Tenn.</u>			(18) BIRTHPLACE <u>Tenn.</u>	
(13) OCCUPATION <u>Cotton Mill Oper.</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born alive ... at 11: A.M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. S. Jones, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville, 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 Dec 15 19 22 (S.S.) Thos. Mae 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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