

(1) PLACE OF BIRTH

County of Barnwell
 Township of 3rd
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1240

Registration District No. 404 Registered No. 59
 (For use of Local Registrar)

Day of (No.) (Mo.) (Year) (Week)

(2) Full Name of Child Ethel Mae Moore (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Bay (4) Type or Name 7 (5) Color ys (6) DATE OF BIRTH May 13 1923

FATHER.
 (7) FULL NAME Lucas Moore
 (8) PRESENT RESIDENCE OF FATHER Ehrhardt St
 (9) COLOR Cal (10) AGE AT LAST BIRTHDAY 31
 (11) BIRTHPLACE S.C.
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Maggie Brabham
 (15) PRESENT RESIDENCE OF MOTHER Ehrhardt St
 (16) COLOR Mk (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Labor on Farm
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Hour A. M. or P. M.) 9 P.

(22) (Signature) Martha Johnson
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Ehrhardt St

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (26) Filed June 2 1923 (27) Local Registrar W. D. Kinard

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.