

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Neal  
 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

36148

Registration District No. 2213 Registered No. 71  
 (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.)

(2) Full Name of Child Ruth Leonard Moore 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) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 10, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME William Irvin Moore

9 PRESENT POSTOFFICE OF FATHER Greer, S.C. Route 4,

10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43  
 (Years)

12 BIRTHPLACE Spartanburg County

13 OCCUPATION Farmer and merchant

20 Number of children born to mother, including present birth 10

## MOTHER.

14 NAME BEFORE MARRIAGE Lizbeth Sailer

15 PRESENT POSTOFFICE OF MOTHER Same

16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40  
 (Years)

18 BIRTHPLACE Greenville County,

19 OCCUPATION Housewife,

21 Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:45 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (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 Dec 8 1923 (28) Albert W. News 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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