

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Orwell

Inc. Town of .....

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

No. for State Registrar Only

4096

Registration District No. 2213 Registered No. 11  
(For use of Local Registrar)(2) Full Name of Child Franklin Moore If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be covered only in case of Twin or Triplet (5) Number in order of birth yes (6) Are Parents Married yes (7) DATE OF BIRTH Jan 26 1923  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hackel Moore(9) PRESENT POSTOFFICE OF FATHER Taylor S.B. R1(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE S.B.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Monie Davis(15) PRESENT POSTOFFICE OF MOTHER Taylor S.B. R1(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE S.B.(19) OCCUPATION Housework(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 alive at 7:30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harriet Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Taylor S.B. R1

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 8 1923 (28) Albert W. Nemes 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.