

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of .....

City of Greenville

(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

in Bureau of Vital Statistics  
to State Board of Health

File No.—For State Register Only

719

Registration District No. 209Registered No. 75

(For use of Local Registrar)

(No. 7 2nd Ward)(2) Full Name of Child Jessie Edward Moore

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

(3) BOY OR GIRL Girl(4) Twin or Triplet 1

To be answered only in event of Twin or Triplet

(5) Number in order of birth 3(6) Are Parents Married Yes(7) DATE OF BIRTH Jan 21 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm Harry Moore(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE W.C.(13) OCCUPATION mill off(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Rose Hood(15) PRESENT POSTOFFICE OF MOTHER S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE W.C.(19) OCCUPATION domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:25 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Rose H. Moore (mother)(24) State whether Physician or Midwife (25) Address of Physician or Midwife GreenvilleGiven under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 1923

(Signature of Witness necessary only when question 22 is signed by birth)

When there is a change of residence, etc., should make the report as directed by the State Board of Health.