

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 27770

County of CharlestonTownship of North Charleston

Inc. Town of

City of

Registration District No. 1205Registered No. 66
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

(3) SEX OR GALT Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are parents married Yes (7) DATE OF BIRTH July 12, 23
(Month of Birth) (Day) (Year)

FATHER: (8) FULL NAME Henry Moore (9) PRESENT POSTOFFICE OF FATHER Westerville, OH (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (12) BIRTHPLACE A. S. (13) OCCUPATION Farmer (14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 1

MOTHER: (15) NAME BEFORE MARRIAGE Lena Williams (16) PRESENT POSTOFFICE OF MOTHER Charleston, OH (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 21 (19) BIRTHPLACE A. S. (20) OCCUPATION Housewife (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 born alive or stillborn (How A. M. or P. M.) on the date above stated.(23) (Signature) Nancy M. St. Louis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston, OH

(26) Witness (Signature of Witness necessary only when question is signed by mark) Robert L. Gardner
(27) Date 8-10-23 (28) R. B. Ransom Local Registrar

When a child is born, the mother, father, or other person, should make the report. If a child is born, the report is desired of attendance.