

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 27770 For State Registrar Only

County of Charleston  
Township of North Charleston  
or  
Inc. Town of .....

Registration District No. 1205 Registered No. 66  
(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 Esthelle Moore (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 12 1923  
(Date of Month (Day) (Year))

FATHER.  
(8) FULL NAME Henry Moore  
(9) PRESENT POSTOFFICE OF FATHER Westerville 7th  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)  
(12) BIRTHPLACE A. S.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 2

MOTHER.  
(15) NAME BEFORE MARRIAGE Leola Sillars  
(16) PRESENT POSTOFFICE OF MOTHER Charleston 9th  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 21 (Year)  
(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) Henry Moore (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston 7th

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) Robert L. Gardner

(27) Date 8-10-23 (28) R. B. Ruffin Local Registrar

When this report is made, the Registrar, etc., should make the return. If a child is born, the report is called a certificate of birth.