

WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
 CHILDREN, No. 1, THE OTHER, No. 2, etc. in question 5.  
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of Central  
 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  
**2263**

Registration District No. 3200 Registered No. 13  
 (For use of Local Registrar)

(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 Dennis Lee Moody If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Boy 4. Twin or Triplet? \_\_\_\_\_ 5. Number in order of birth \_\_\_\_\_ 6. Are Parents Married? Yes 7. DATE OF BIRTH Jan 6 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 8. FULL NAME Leonard Lee Moody  
 9. PRESENT POSTOFFICE OF FATHER Central S.C.  
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 32 (Years)  
 12. BIRTHPLACE Ga  
 13. OCCUPATION Restaurant  
 20. Number of children born to mother, including present birth 5

**MOTHER.**  
 14. NAME BEFORE MARRIAGE Minnie Christine Price  
 15. PRESENT POSTOFFICE OF MOTHER Central S.C.  
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 30 (Years)  
 18. BIRTHPLACE S.C.  
 19. OCCUPATION Home work  
 21. Number of children of this mother now living, including present birth 5

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

(23) (Signature) J. M. Reardon  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife W. H. Central 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 Jan 16 1922 (28) J. M. Reardon 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.