

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
Township of Donald
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

40526

Registration District No. 105 Registered No. 63
(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

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

(3) BOY OR GIRL MALE (4) Twin or Triplet? 2 (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Thomas Moore
(9) PRESENT POSTOFFICE OF FATHER Stone Path
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)
(12) BIRTHPLACE Abbeville S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Bess Ashley
(15) PRESENT POSTOFFICE OF MOTHER Stone Path
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)
(18) BIRTHPLACE Abbeville
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. A. Carlson M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Donald, 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. 10, 1923 (28) Smiles Humphreys 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.