

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
19255

County of  *Spartanburg*

Township of

City of  *Rayton*

Registration District No.  *4008*

Registered No.  *179*   
(For use of Local Registrar)

(No.  *Miller*  St.;  *Moore*  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) Sex of Child  *M*  (4) Time of Birth  (5) Number in order of Birth  *1*  (6) Are Twins  *No*  (7) Day of Birth  *June 16 23*   
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) Full Name  *Herman Moore*

(14) Name before Marriage  *Jerry Cannon*

(9) Present Postoffice of Father  *Rayton SC*

(15) Present Postoffice of Mother  *Rayton SC*

(10) Color or Race  *W*  (11) Age at Last Birthday  *21*  (Year)

(16) Color or Race  *W*  (17) Age at Last Birthday  *16*  (Year)

(12) Birthplace  *Columbia SC*

(18) Birthplace  *Jonesville SC*

(13) Occupation  *Mill. Wk*

(19) Occupation  *Housewife*

(20) Number of children born to mother, including present birth  *1*

(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  *6a*  at  M., on the date above stated. (Born alive or stillborn. (Hour) (M. or P. M.))

(23) (Signature)  *J. D. Anderson MD*  (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Date  *July 7 1923*  (28)  *Mrs. G. F. Parker*  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.

Registrar

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