

## (1) PLACE OF BIRTH

County of  Spartanburg Township of  City or Town of  City of  Rayton 

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

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19255

Registration District No.  4008 Registered No.  179   
(For use of Local Registrar)(No.  Mulliken  St.;   Ward)

## (2) Full Name of Child

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

(3) Sex of Child <u> Male </u>	(4) Time of Birth <u> </u> To be entered only in case of Twin or Triple	(5) Number in order of Birth <u> 1 </u>	(6) Age of Child <u> </u>	(7) Date of Birth <u> June 16 23 </u> (Name of Month) (Day) (Year)
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## FATHER.

(8) Full Name  Herman Moore (9) Present Postoffice of Father  Rayton, S.C. (10) Color or Race  W  (11) Age at Last Birthday  27  (Year)(12) Birthplace  Columbus, N.C. (13) Occupation  Mill. Wk (14) Number of children born to mother, including present birth  1 

## MOTHER.

(14) Name before Marriage  Mary Emma (15) Present Postoffice of Mother  Rayton, S.C. (16) Color or Race  W  (17) Age at Last Birthday  16  (Year)(18) Birthplace  Jonesville, S.C. (19) Occupation  Housewife (20) Number of children of this mother now living, including present birth  1 

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was  64  M.,  
on the date above stated. (Born alive or stillborn. (Day M. or P. M.))(22) (Signature)  [Signature] 

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Give name added from a supplemental report

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

(26) Date  July 7 1923  (27) Local Registrar  Mrs. C. F. Parker 

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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