

Form No. 1

(1) PLACE OF BIRTH

County of *Lee*Township of *Stokes Bridge*

Inc. Town of

City of

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

(2) Full Name of Child *H. P. Moore Jr*

File No.—For State Registrar Only

35344

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3008*Registered No. *68*

(For use of Local Registrar)

(No.)

St.;

Ward)

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 3 1922</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *H. P. Moore*

(9) PRESENT POSTOFFICE OF FATHER *#6 Bishopville SC*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *32*
 (Year)

(12) BIRTHPLACE *Darlington Co SC*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ruth Fields*

(15) PRESENT POSTOFFICE OF MOTHER *#6 Bishopville SC*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *28*
 (Year)

(18) BIRTHPLACE *Darlington Co SC*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7 A.* M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *C. H. Pate*

(24) State whether Physician or Midwife *Mid*

(25) Address of Physician or Midwife *#6 Bishopville SC*

Given name added from a supplemental report

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

(27) Filed *Oct 12 1922* (28) *R. M. Quinn*
 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.