

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

No. 10.—For State Registrar Only

3309

Registration District No. 10.2 Registered No. 40
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OR GENDER <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <i>1</i>	(6) Age When Married <i>yes</i>	(7) DATE OF BIRTH <i>Feb. 2, 1923</i> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Claude B. Moore</i>			(14) NAME BEFORE MARRIAGE <i>Indie Owens</i>	
(9) PRESENT RESIDENCE OF FATHER <i>Gaffney S.C.</i>			(18) PRESENT RESIDENCE OF MOTHER <i>Gaffney S.C.</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>23</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)	
(12) BIRTHPLACE <i>Union Co. S.C.</i>		(15) BIRTHPLACE <i>Cherokee Co. S.C.</i>		
(13) OCCUPATION <i>Doctor</i>		(16) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12:15* P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. B. Gaffney M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
*Gaffney S.C.*Given name added from a suppression-
and report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) *March 10, 1923* (28) *W. F. Bennett*
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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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