

(1) PLACE OF BIRTH

County of Chester S.C.
 Township of Lando S.C.
 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

41577

Registration District No. 1106... Registered No. 124
 (For use of Local Registrar)

City of..... (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 W S Moore (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Sam Moore
 (9) PRESENT POSTOFFICE OF FATHER Lando S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Farming
 (13) OCCUPATION Chester
 (20) Number of children born to mother, including present birth one

MOTHER.
 (14) NAME BEFORE MARRIAGE Ladie Crockett
 (15) PRESENT POSTOFFICE OF MOTHER Lando S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Farming
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lue Crockett
 (24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lando 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 12/26 1922 (28) J. H. Harris 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.

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