

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Mayeville
 or
 Inc. Town of.....
 or
 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

File No.—For State Registrar Only
20301

Registration District No. 4102 Registered No. 48
 (For use of Local Registrar)

(2) Full Name of Child Virginia Moses If child is not yet named, make supplemental report as directed

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

FATHER.			MOTHER.		
(8) FULL NAME <u>Wally Moses</u>	(14) NAME BEFORE MARRIAGE <u>Lora Moses</u>		(14) NAME BEFORE MARRIAGE <u>Lora Moses</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mayeville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mayeville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Mayeville S.C.</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>7</u> (Years)		(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Lumber</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was..... at..... 4 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ruth Cooper
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayeville S.C.

Given name added from a supplemental report.....

 19..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by maker) Ruth Cooper
 (27) Filed July 1 1922 (28) 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.