

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

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

29886

Registration District No. 1506

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Timothy Moses

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

✓

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 1

1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lennis Moses

(9) PRESENT POSTOFFICE OF FATHER

Darlington SC R2

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Darlington Co SC

(13) OCCUPATION

Farm laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Pearlie Williams

(15) PRESENT POSTOFFICE OF MOTHER

Darlington SC R2

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Darlington Co SC

(19) OCCUPATION

Housewife

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Annaly H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Darlington SC R2

Given name added from a supplemental report

(26) Witness

R. B. Fore M.D.

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

(27) Filed

Sept 1922

(28)

R. M. Jones 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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