

(1) PLACE OF BIRTH

County of

Greenville

Township of

14

Inc. Town

Monrohan

City of

Greenville

(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

406

Registration District No.

12092

Registered No.

(For use of Local Registrar)

(No. 53- Surrie

St.: Ward)

2) Full Name of Child.

Mary Eugenia Weaver

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 20 1903

FATHER.

(10) FULL NAME

William Franklin Moore

(11) PRESENT POSTOFFICE OF FATHER

Greenville, S.C. 5-5 Surrie

(12) COLOR OR RACE

W.

(13) AGE AT LAST BIRTHDAY

19

(Years)

(14) BIRTHPLACE

S.C.

(15) OCCUPATION

Set tile work

(16) NAME BEFORE MARRIAGE

Della Fair

(17) PRESENT POSTOFFICE OF MOTHER

Surrie

(18) COLOR OR RACE

W.

(19) AGE AT LAST BIRTHDAY

20

(Years)

(20) BIRTHPLACE

N.C.

(21) OCCUPATION

Housework

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born at 12:35 P.M. on the date above stated. (Hour A. or P. M.)

(24) (Signature)

O. J. Hiles MD

(25) State whether Physician or midwife

Address of Physician or Midwife

Dr. Hiles & Co

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Date

Jan 1 1903

(28)

Thos. Weaver

I am 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 stillbirth before the fifth month of pregnancy.