

(1) PLACE OF BIRTH

County of Nehland

Township of

or
Inc. Town ofCity of Columbia

(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

16475

Registration District No. 38Registered No. 1398

(For use of Local Registrar)

(2) Full Name of Child Wm. Mellon Moore

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

(3) BOY OR GIRL? B(4) Twin or Triplet? No(5) Number in order of birth 9

To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH 5, 9, 1907

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter S Moore(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 44
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Nola Banknight(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 43
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION —(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:25 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. D. Rose Jr.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia 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 6/10/22(28) E. C. McQuinn

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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