

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
73827

(1) PLACE OF BIRTH

County of Monroe

Township of

or Monroe

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 32 aRegistered No. 82

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug. 13 1916</u> (Name of Month) (Day) (Year)
------------------------------	----------------------	------------------------------	------------------------------------	-----------------------------------------------------------------------

FATHER. (8) FULL NAME <u>George Moses</u> (9) PRESENT POSTOFFICE OF FATHER <u>Monroe, S.C.</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>18</u> (Years) (12) BIRTHPLACE <u>Monroe, S.C.</u> (13) OCCUPATION <u>Keeper Barber Shop</u> (20) Number of children born to mother, including present birth { <u>1</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Minnie Washington</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Monroe, S.C.</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>15</u> (Years) (18) BIRTHPLACE <u>Georgetown, S.C.</u> (19) OCCUPATION <u>Washer woman</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 born alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara M. Burrey
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | Monroe, S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Aug 17 1916 (28) Arthur Gay 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.

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 5.
 McCaw, of Columbia.