

Form No. 1

(1) PLACE OF BIRTH

County of MarlboroTownship of Hebronor
Inc. Town of
or

City of

(No. Sl.; Ward)
(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

49891

Registration District No. 3344 Registered No. 25
(For use of Local Registrar)(2) Full Name of Child Fred Moore { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twin or Triplet's</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 24</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Etta Moore(9) PRESENT POSTOFFICE OF FATHER Clio. S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Marlboro(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Rush(15) PRESENT POSTOFFICE OF MOTHER Clio 3 C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Marlboro(19) OCCUPATION Housewife(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 born at Clio (born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Midwife Mary Regine(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clio S.C.

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 28 1916 (28) W.A. Woodley 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.

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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.