CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
45609

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of ..... Registration District No. 4A Registered No. 13
(For use of Local Registrar)

or

City of Charleston (No. 131 Rutledge Ave. St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edmund Victor Moore

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
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 3, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur L. Moore

(9) PRESENT POSTOFFICE OF FATHER Charleston, S. C.

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Charleston, S. C.

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rena Wald

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S. C.

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Orangeburg, S. C.

(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 alive, at 7:25 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Cleveland Jr.

(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife 165 Rutledge Ave.

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 1/5 1916 (28) J. Walter Cain M.D.
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 MUST BE PRESERVED 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.

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