

## (1) PLACE OF BIRTH

County of FlorenceTownship of ImmoussvilleInc. Town of ImmoussvilleCity of Immoussville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85663

Registration District No. 2015 Registered No. 1055 106  
(For use of Local Registrar)(No. .... 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 Mary Martha Moore If child is not yet named, make supplemental report as directed

BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 19</u> (Name of Month) (Day) (Year)
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## FATHER.

FULL NAME Nehemiah Edward MoorePRESENT POSTOFFICE OF FATHER Immoussville SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Laurens Co SC(13) OCCUPATION Liveryman(14) Number of children born to father, including present birth 4

## MOTHER

(15) NAME BEFORE MARRIAGE Rebecca Betto Palmer(16) PRESENT POSTOFFICE OF MOTHER Immoussville SC(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 25 (Years)(19) BIRTHPLACE Cortessville SC(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was alive at 4:55 P.M. born alive or stillborn? (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) O. A. Foster  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Immoussville SC  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Signed W. C. Munier (28) 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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WHEN PLACED IN THE SEPARATE BLANK FOR EACH CHILD, AND MARK THE

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, IN ADDITION TO

THIS FORM, NO. 1, THE OTHER, NO. 2, ETC., IN ADDITION TO