

MARGIN RESERVED FOR BINDING.

WHITE 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 OTHERS, No. 2, etc., in question 8.

Revised by Columbia, S. C.

(1) PLACE OF BIRTH
County of Fluor
Township of 1
Inc. Town of 11
City of 11
(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

Registration District No. 20A Registered No. 305
(For use of Local Registrar)

(2) Full Name of Child Henry Brady Moore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 12 19
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME H. G. Weaver (14) NAME BEFORE MARRIAGE Maggie McEwen
(9) PRESENT POSTOFFICE OF FATHER Fluor (15) PRESENT POSTOFFICE OF MOTHER Do
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
(12) BIRTHPLACE Smith (18) BIRTHPLACE Smith
(13) OCCUPATION Can Inspector (19) OCCUPATION Dom
(20) Number of children born to mother, including present birth 1 (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 alive at 12 19 11 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife 1

Given name added from a supplemental report
Miss P. H. Bigham 19 11 Registrar

(26) Witness P. H. Bigham
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11-1 122 (28) P. H. Bigham 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.