

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 1.

(1) PLACE OF BIRTH

County of
 Township of Cantonville
 Inc. Town of
 City of (No. 2 ... St. ... 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

Registration District No. 323. Registered No. 42.....
 (For use of Local Registrar)

No. 2794

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

(3) SEX—MALE	(4) Type or Figure	(5) Number in order of birth	(6) Age from mother	(7) DATE OF BIRTH
	To be answered only in case of Twin or Triplets			<u>Feb. 22, 27</u> (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Luther Moore</u>	(14) NAME BEFORE MARRIAGE	<u>Rena King</u>
(9) PRESENT OCCUPATION OF FATHER	<u>Anderson</u>	(15) PRESENT OCCUPATION OF MOTHER	<u>Anderson</u>
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>
(11) AGE AT LAST BIRTHDAY	<u>21</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>18</u> (Years)
(12) BIRTHPLACE	<u>Royston Ga</u>	(18) BIRTHPLACE	<u>And Co</u>
(13) OCCUPATION	<u>Textile</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>1</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 on the date above stated.

(23) (Signature) A. L. Anderson, M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Anderson St.

Given name added from a supplemental report	(26) Witness
	(Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed	(28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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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