

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeor
Inc. Town of
orCity of
(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

69895

Registration District No. 3413 Registered No. 100
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(4) BOY OR GIRL? Boy (6) Twin or Triplet? (7) Number in order of birth (8) Are Parents Married? Yes (9) DATE OF BIRTH June 4
(Name of Month) (Day) (Year)

FATHER.

(10) FULL NAME Wm. Moore(11) PRESENT POSTOFFICE OF FATHER Orangeburg SC
90 R. F. D. 1(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 25
(Years)(14) BIRTHPLACE Columbia SC(15) OCCUPATION Farm Laborer(16) Number of children born to mother, including present birth 4

MOTHER.

(17) NAME BEFORE MARRIAGE Anna Benjamin(18) PRESENT POSTOFFICE OF MOTHER Orangeburg SC
90 R. F. D. 1(19) COLOR OR RACE Negro (20) AGE AT LAST BIRTHDAY 23
(Years)(21) BIRTHPLACE Orangeburg Co(22) OCCUPATION Farm Laborer(23) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(24) I hereby certify that I attended the birth of this child, who was alive at 10:50 P M.
on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(25) (Signature) Physician (26) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(28) Date June 4 (29) A. J. Harris
Registrar

*When there was no attending physician or midwife, the birth should be reported to the Registrar as soon as possible, and a child breathes even once, it must not be reported as stillborn.

M. McCaw, of Columbia.
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 2.