

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Barnwell STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Allendale State Board of Health

File No. — For State Registrar Only

4310

Inc. Town of Registration District No. 300 Registered No. 9
 or
 (For use of Local Registrar)

City of (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 Oliver Moore { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boys (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 17, 1921
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ben Moore

(14) NAME BEFORE MARRIAGE Flora Bell Moore

(9) PRESENT POSTOFFICE OF FATHER Allendale

(15) PRESENT POSTOFFICE OF MOTHER Allendale SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Labourer

(19) OCCUPATION Labourer

(20) Number of children born to mother, including present birth 2

(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 born at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. P. ...

(24) State whether Physician or Midwife (25) Midwife (26) Allendale SC

Given name added from a supplemental report

(27) Witness W. H. Boyd (Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed 1921 (29) Local Registrar

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