

Form No 1.

(1) PLACE OF BIRTH

County of Sumter

Township of Chilmark

or
Inc. Town of

or
City 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

44816

Registration District No. 4107 Registered No. 118

(For use of Local Registrar)

(2) Full Name of Child Jamie Ellen Moore

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 16
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Baptist P. Moore

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Sumter S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian E. McEllen

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. I. Moore M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed or mark)

(27) Filed 1-1-1916 (28) L.B. McEllen 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAIN, WITH FADING 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 5.

Law of Columbia