

FORM NO. 2

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

74708

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beach Springs

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. Good Registered No. 1114
(For use of Local Registrar)

or
Inc. Town of St.; Ward
or
City of (No. give name of same instead of street and number)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child William Franklin Moore

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John W. Moore

(9) PRESENT POSTOFFICE OF FATHER Threeford SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Domestic

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

MOTHER.

(14) NAME BEFORE MARRIAGE May C. Moore

(15) PRESENT POSTOFFICE OF MOTHER Threeford SC

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

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10:15 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. C. Moore (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Threeford SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. C. Moore

(27) Filed Aug 20 1916 (28) J. C. Moore 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.

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