

Form No. 1.

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

File No.—For State Registrar Only
35769

(1) PLACE OF BIRTH
 County of Seneca
 Township of Seneca
 or
 Inc. Town of Seneca
 or
 City of Seneca
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 35769 Registered No. 16
 (For use of Local Registrar)

(2) Full Name of Child Doak Hilford St. 5 Ward 1
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10/11/19
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Doak Hilford (9) PRESENT POSTOFFICE OF FATHER Seneca S.C. (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)
 BIRTHPLACE Anderson S.C. (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 8
 MOTHER: (14) NAME BEFORE MARRIAGE Evelyn Todd (15) PRESENT POSTOFFICE OF MOTHER Seneca S.C. (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)
 BIRTHPLACE Anderson S.C. (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Walter M. Moseley
 (24) (Signature of Physician or Midwife) Walter M. Moseley

Given name added from a supplemental report

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 Registrar

(25) Witness (Signature of witness necessary only when question is signed mark) Walter M. Moseley
 (26) Local Registrar Walter M. Moseley

*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.