No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
78985

(1) PLACE OF BIRTH
County of Richland
Township of Lower
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.)

Registration District No. 3803 Registered No. 271 (For use of Local Registrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child Ella Moyle

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

(3) ~~BOY OR~~ GIRL? | (4) Twin or Triplet? | (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 17 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jack Moyle
(9) PRESENT POSTOFFICE OF FATHER Eastover SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Williams
(15) PRESENT POSTOFFICE OF MOTHER Eastover SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(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 alive (Born alive or stillborn) at 4 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rick Ellison
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife EASTOVER

Given name added from a supplemental report
..... 19 ....
Registrar

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

(27) Filed Aug 28 1916. (28) [illegible]
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.