

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Haystack
 Township of Westfield
 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.)

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

File No.—For State Registrar Only
66255

Registration District No. 199 Registered No. 19
 (For use of Local Registrar)
 No. St. Ward
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Charles Alfred Moore

(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 June 23, 1906
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Josh Moore</u>	(14) NAME BEFORE MARRIAGE <u>Miss Moore</u>		(15) PRESENT POSTOFFICE OF FATHER <u>Fair Fork SC</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fair Fork SC</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(18) BIRTHPLACE <u>SC</u>		
(10) COLOR OR RACE <u>White</u>	(19) OCCUPATION <u>Farmer</u>		(20) Number of children of this mother now living, including present birth <u>2</u>		
(11) AGE AT LAST BIRTHDAY <u>5</u> (Years)					
(12) BIRTHPLACE <u>SC</u>					
(13) OCCUPATION <u>Farmer</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 10 4 58 M.
 on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. T. Norman
 (24) Station of Physician or Midwife Physician (25) Address of Physician or Midwife Fair Fork SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 10, 1906 (28) Local Registrar M. M. Alexander

*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 INDEXING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. R.—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.