

(1) PLACE OF BIRTH

County of Durham
Township of Durham

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

463-1

or
Inc. Town of Registration District No. 2209 Registered No. 32
or
City of City View (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Just Samuel 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 Jan 18 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. N. Moody
(9) PRESENT POSTOFFICE OF FATHER City View, City
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Insurance Agent
(20) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Moody
(15) PRESENT POSTOFFICE OF MOTHER City View
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 230 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife physician (25) Address of Physician or Midwife City

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 1 1916 (28) a N. Macleod 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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FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw of Columbia.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the