

MARGIN RESERVED FOR BINDING

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

MOORE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Union
Township of Stross Run
or
Inc. Town of St. Louis
or
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87700

Registration District No. 4200

Registered No. 51
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Lunett Gilliam

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mabel Gilliam
(9) PRESENT POSTOFFICE OF FATHER Stross Run S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE Union S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Pora Jones
(15) PRESENT POSTOFFICE OF MOTHER Stross Run S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE Laurens S.C.
(19) OCCUPATION Farmer wife

(20) Number of children born to mother, including present birth 2
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8/30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Blindy Roberson
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Stross Run S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) Heir moaly 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.