

Form No. 1.

(1) PLACE OF BIRTH

County of Union

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

44887

Township of

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.)

Jonesville, S.C.

Registration District No.

Registered No.

St.; Ward)

(2) Full Name of Child

Willie Mae

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec. 12, 5'

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Moore

(9) PRESENT POSTOFFICE OF FATHER

Jonesville, S.C.

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Union County

(13) OCCUPATION

Farm

(20) Number of children born to mother, including present birth

1st

MOTHER.

(14) NAME BEFORE MARRIAGE

Queen Foster

(15) PRESENT POSTOFFICE OF MOTHER

Jonesville, S.C.

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Union County

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

same

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born alive at 9 P. M., on the date above stated. (Born or stillborn) (Hour A. M. or P. M.)(23) (Signature) James H. Hise

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... 191.....

..... Registrar

(26) Witness

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

192 13 5

(27) Filed

(28) 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.