

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

City of Charleston .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3210

Registration District No. 9 ARegistered No. 297

(For use of Local Registrar)

(No. Boyard 11)

St.; ..... Word)

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

(2) Full Name of Child Mary Amelene Moore

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

(3) SEX -  
MALE(4) Twin  
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH(Name of Month) Mar (Day) 5 (Year) 23

## FATHER.

(8) FULL  
NAMEFrank Moore(9) PRESENT  
POSTOFFICE  
OF FATHERCharleston S.C.(10) COLOR  
OR  
RACEBlack(11) AGE AT LAST  
BIRTHDAY39  
(Year)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Fireman Texas Col Co(14) Number of children born to  
mother, including present birth7

## MOTHER.

(15) NAME BEFORE  
MARRIAGELulu Ward Pencil(16) PRESENT  
POSTOFFICE  
OF MOTHERCharleston S.C.(17) COLOR  
OR  
RACEBlack(18) AGE AT LAST  
BIRTHDAY35  
(Year)

(19) BIRTHPLACE

Charleston S.C.

(20) OCCUPATION

Domestic(21) Number of children of this mother  
now living, including present birth5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 M.  
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) L. J. Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1701 Main St.(Given name added from a supplement-  
tal report)(26) Witness W. B. ...(Signature of Witness necessary only  
when question 22 is signed by mark)(27) Filed 3/518(28) W. B. ...19  
RegistrarWhen there was no attending physician or midwife, then the father, household, etc., must make this report.  
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.... child breathes even once, it must not be reported as stillborn. No report is  
before the fifth month of pregnancy.