

FORM NO. 1. 763

(1) PLACE OF BIRTH

County of Berkley S.C.

Township of 2 St. Johnes

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

58837

Registration District No. 703 Registered No. 44
(For use of Local Registrar)

(2) Full Name of Child Ladie Moon

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 May 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lam Moon

(9) PRESENT POSTOFFICE OF FATHER Crass S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Berkley Co S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Effa. Mayzell

(15) PRESENT POSTOFFICE OF MOTHER Crass S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Berkley Co S.C.

(19) OCCUPATION House Keeping

(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 11:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Bradwell M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Crass S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed May 26 1916

(28) J. C. Leain 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.

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.

McGraw-Hill of Columbia