

(1) PLACE OF BIRTH

County of Spartanburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53835

Township of 0or
Inc. Town of 9or
City of 0 R.F. D #4

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

Registration District No. 4008Registered No. 486

(For use of Local Registrar)

(2) Full Name of Child. Bernal Leon Moore

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 5

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raymond Davis Moore(9) PRESENT POSTOFFICE OF FATHER Spartanburg R.F. D #4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Horn(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C. R.F. D #4(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

at Home

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A.R. Fick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

P.R.P.Spartanburg S.C.

Given name added from a supplemental report

Nov 3 1916W. S. MillerDeputy Registrar

(26) Witness

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

(27) Filed

11/25/16

(28)

E. F. Parker

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.

M.C.

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