

## (1) PLACE OF BIRTH

County of FlavanneTownship of Wallaor  
Inc. Town ofor  
City of Atlanta, Ga

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

2) Full Name of Child. Maria Moore(3) BOY OR  
GIRL? Girl(4) Twin  
or Triplet?(5) Number in  
order of birth 6(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH 11/11/11

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Roy Moore(9) PRESENT  
POSTOFFICE  
OF FATHER Atlanta, Ga(10) COLOR  
OR  
RACE Black(11) AGE AT LAST  
BIRTHDAY 20

(Years)

(12) BIRTHPLACE Flavanne, Ga(13) OCCUPATION Farmer(14) Number of children born to  
mother, including present birth 6

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Irma Patrick(15) PRESENT  
POSTOFFICE  
OF MOTHER Atlanta, Ga(16) COLOR  
OR  
RACE Black(17) AGE AT LAST  
BIRTHDAY 20

(Years)

(18) BIRTHPLACE Flavanne, Ga(19) OCCUPATION Housewife(20) 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 alive, at 8 4 A.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Martha J. Taylor(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Lyndhurst B?Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 11/14/111911

(28)

(29)

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  
third month of pregnancy.

File No.—For State Registrar Only

85640