

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Spartanburg*

Inc. Town of

City of

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

2) Full Name of Child

Moore

File No. — For State Registrar Only

66327

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *4008*Registered No. *382*
(For use of Local Registrar)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH *June 7, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Journeal H. Moore*

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *31*
(Years)

(12) BIRTHPLACE

Union County

(13) OCCUPATION

Farmer

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

Two (2)

(14) NAME BEFORE MARRIAGE

Amanda Barnett

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *26*
(Years)

(18) BIRTHPLACE

Spartanburg County

(19) OCCUPATION

Wife

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

Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *8* at *9* A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *W. W. Boyd*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Spartanburg*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *July 2, 1916*

1916

(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.

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