

(1) PLACE OF BIRTH

County of Huron
 Township of Jonesville
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (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

79593

Registration District No. 4204 Registered No. 69
 (For use of Local Registrar)

(2) Full Name of Child Un-named } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u> </u>	(4) Twin or Triplet? <u> </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u> </u>	(7) DATE OF BIRTH <u>Sept 9th 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ardy Moore

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

(10) COLOR OR RACE Black (16) AGE AT LAST BIRTHDAY _____ (Years)

(12) BIRTHPLACE Union Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } none

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Foster

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

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

(18) BIRTHPLACE Union Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth } none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife _____

Given name added from a supplemental report
 _____, 191...
 _____ Registrar

(26) Witness G. C. Wood
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed _____ 191... (28) G. N. Alexander 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.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.