

(1) PLACE OF BIRTH

County of WilliamsonTownship of Anderson

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

79619

Registration District No. 14302 Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Samuel C. Moore { If child is not yet named, make supplemental report as directed

(3) BOY OR — <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Aug 28</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willis Moore(9) PRESENT POSTOFFICE OF FATHER Trio(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Sc(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Swad(15) PRESENT POSTOFFICE OF MOTHER Trio 8 c(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Sc(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. S. Porter, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson Sc

Given name added from a supplemental report

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

(27) Filed 9-22-1916 (28) G. W. Porter, Jr. 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.