

(1) PLACE OF BIRTH

Township of *Barnes*...

UP
In Town of Stillington

City of

If birth occurs in a hospital

(2) Full Name of Child

Is BOY OR GIRL? 1302

4) Twin or Triplet? ☐ Twin ☐ Triplet
To be answered only in case of Twin or Triplet

(b) Are
Parents
Married 716

(7) DATE OF BIRTH July 1 1998
(Name of Month) (Day) (Year)

FATHER.

7 FULL NAME *Walter Moore*

PRESENT
POSTOFFICE
OF FATHER *atun N. C.*

(10) COLOR OR RACE *Black* (11) AGE AT BIRTH *25*

12 BIRTHPLACE

12. OCCUPATION _____

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

File No.—For State Registrar Only

21795

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

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

AL: Ward)

.....
 institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

MOTHER

(14) NAME BEFORE MARRIAGE Model. elg.

(16) PRESENT POSTOFFICE OF MOTHER Milline, Tenn.

(16) COLOR
ON
FACE 718400

(17) AGE AT LAST BIRTHDAY 20 (Years)

THE BIRTHPLACE

(10) OCCUPATION
honor discharge

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

CERTIFICATE OF A QUALIFYING PHYSICIAN OR MIDWIFE:

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

Physician or Midwife (25) Address of Physician or Midwife

midwife Williamson St.
D.C. B. 64

* Given name added from a supplemental report

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

Filed 19 (20) 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.