

Form No. 1

## (1) PLACE OF BIRTH

County of Saluda.....

Township of .....

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.)

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

(3) SEX-OR GIRL <u>girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>one</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 27, 1928</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas Moore</u>	(14) NAME BEFORE MARRIAGE <u>Mari Daniel</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Saluda S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Saluda S.C.</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Saluda Co</u>	(18) BIRTHPLACE <u>Saluda S.C.</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
(20) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness

Mrs. Marie Grant  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Signed May 8, 1928(28) Maria Grant  
Local Registrar.When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
If a child becomes even once, it must not be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.