

[illegible]

(1) PLACE OF BIRTH

County of Aurora
Township of Wilkesboro
or
Inc. Town of Pelzer
or
City of _____
(If birth occurs in a hospital or on a ship or aircraft)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. _____ For State Registrar Only

62958

Inc. Town of Pelzer Registration District No. 3-2 Registered No. 39
(For use of Local Registrar)
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. Montey Moore .. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet? no

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 13 1941
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet's

(3)	FULL NAME	W. Blue Moore
(9)	PRESENT POSTOFFICE OF FATHER	Pelzer O.C.
(10)	COLOR OR RACE	White
(11)	AGE AT LAST BIRTHDAY	24
(12)	BIRTHPLACE	Georgia
(13)	OCCUPATION	Ice work
(20)	Number of children born to mother, including present birth	2

MOTHER.

(14) NAME BEFORE MARRIAGE *Dula Scott*

(15) PRESENT POSTOFFICE OF MOTHER *Gezzer D.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE *Anderson D.C.*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:15 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Thorne
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 9, 1916 (28) Francis J. O'Brien 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.