

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5255

County of *Wayne*Township of *Wayne*

Inc. Town of .....

City of .....

Registration District No. *453* Registered No. ....

(For use of Local Registrar)

(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

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

(a) SEX OR GENDER *Girl* (b) Twin or Triplet *No* (c) Number in order of birth *1st* (d) Are Parents Married *Yes* (e) DATE OF BIRTH *Feb 4 1913*

## FATHER.

(a) FULL NAME *Elmer Moore*(b) PRESENT POSTOFFICE OF FATHER *Laurel 2*(c) COLOR OR RACE *White* (d) AGE AT LAST BIRTHDAY *35* (Year)(e) BIRTHPLACE *Laurel 2*(f) OCCUPATION *Farmer*(g) Number of children born to mother, including present birth *3*

## MOTHER.

(a) NAME BEFORE MARRIAGE *Lucile Zier*(b) PRESENT POSTOFFICE OF MOTHER *Laurel 2*(c) COLOR OR RACE *White* (d) AGE AT LAST BIRTHDAY *31* (Year)(e) BIRTHPLACE *Laurel 2*(f) OCCUPATION *Dom.*(g) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) (M. or P. M.)(21) (Signature) *[Signature]*(22) State whether Physician or Midwife (23) Address of Physician or Midwife *Laurel 2*

Given name added from a supplemental report

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

(25) Filed *Feb 21 1913* (26) *Mrs. J. C. White* 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.

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