

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of San Diego

Township of Lehigh

or *John Carey*

INC. TOWN OF
OR

City of

(If birth occurs in a hospital E

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 401

File No. — For State Registrar Office

50827

Registered No. 138

(For use of Local Registrar)

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

(3) BOY OR GIRL? *B*

(4) Twin
or Triplet?

(5) Number in
order of birth

33-1(6) Are
Parents

(Y) DATE *Feb*

4

FATHER.

(8) FULL NAME Samuel R. Moore

(9) PRESENT POSTOFFICE OF FATHER *Belmont R.F.A. # 3*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE /

(13) OCCUPATION

(20) Number of children born to mother, including present birth { Y 3

MCTBEEF

(14) NAME BEFORE MARRIAGE *Martha McCloud*

(15) PRESENT POSTOFFICE OF MOTHER *6 Lines #3*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY 27
(Years)

(13) BIRTHPLACE

(13) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *[Signature]*

(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

Signature of witness necessary when question 23 is signed by insured

6/11/1964

131.6 (28) *Handwritten signature*

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.