

(1) PLACE OF BIRTH

County of YorkTownship of Becheade

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75208

Registration District No. 4401 Registered No. 205

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 20</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Garfield Moore

(9) PRESENT POSTOFFICE OF FATHER York R.F.D. #3

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY — (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Moore

(15) PRESENT POSTOFFICE OF MOTHER York R.F.D. #3

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY — (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farmer & house work.

(21) 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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adie Moore X

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness Miss S. H. Lorne
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 25 1916 (28) S. H. Lorne 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.

MARGIN RESERVED FOR BINDING.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.