

WHITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 No. 2.—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 Charleston
 Township of Sullivan's Island
 or
 Inc. Town of Charleston
 or
 City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

33618

Registration District No. 912 Registered No. 18
 (For use of Local Registrar)

City of Charleston (No. 912 St.; 18 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 14, 1914
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Moore
 (9) PRESENT POSTOFFICE OF FATHER Sullivan's Island
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Arkansas City Kansas
 (13) OCCUPATION Soldier
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Roberts
 (15) PRESENT POSTOFFICE OF MOTHER Sullivan's Island
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Sullivan's Island S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Sept. 14, 1914 at 8:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M.) or P.M.)

(23) (Signature) Mrs. E. C. Rouse (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sullivan's Island S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed as mark) Oct 30 1914
 (27) Filed Oct 30 1914 (28) 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.