

(1) PLACE OF BIRTH
 County of York
 Township of Catawba
 or
 Inc. Town of
 or
 City of Roddy SC
 (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
75239

Registration District No. 4404 Registered No. 120
 (For use of Local Registrar)
 (No. St.; Ward)
 (2) Full Name of Child P.M. Moore { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 10, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>H.M. Moore</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Barber</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Roddy SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Roddy SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer Store</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth { <u>7</u>			(21) Number of children of this mother now living, including present birth { <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Francis X. Steel
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Roddy

Given name added from a supplemental report

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

(27) Filed 9/11/1916 (28) J.R. Miele
 Registrar 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.