

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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH May 10, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME H.M. Moore

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sallie Barber

(9) PRESENT POSTOFFICE OF FATHER Roddy SC

(15) PRESENT POSTOFFICE OF MOTHER Roddy SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35  
(Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34  
(Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Farmer Store

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth { 7 }

(21) Number of children of this mother now living, including present birth { 7 }

**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  
 ..... 191.....  
 Registrar

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

(27) Filed 9/11/1916 (28) J.R. Niles 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.  
 Sav. of Columbia.