

FORM NO. 1 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

McGraw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of Greenville
or
City of Greenville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

77281

Registration District No. 2307

Registered No. 476

(For use of Local Registrar)

City of Greenville (No. Palmetto Road, 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 Hondra Moore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 8/18/1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don Moore

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Greenville Co. Ga.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Pichey

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Anderson Co., S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Palmetto on the date above stated. (Hour 8 or P. M.)

(23) (Signature) Eliza Pichey

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Oct 5 1916 (28) C. H. Macken 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.

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