

Form No. 1

(1) PLACE OF BIRTH

County of *S. C. ...*
Township of *Phoebe ...*
or
Inc. Town of
or
City of

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

File No. For State Registrar Only
85939

Registration District No. *2311* Registered No. *111*
(For use of Local Registrar)

(2) Full Name of Child *Catherine Moore*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *No* (7) DATE OF BIRTH *Oct. 31st 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Earnest Moore*
(9) PRESENT POSTOFFICE OF FATHER *Gaines*
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *20* (Years)
(12) BIRTHPLACE *Phoebe S.C.*
(13) OCCUPATION *Tramming*
(20) Number of children born to mother, including present birth *Three (3)*

MOTHER.

(14) NAME BEFORE MARRIAGE *Marie Deane*
(15) PRESENT POSTOFFICE OF MOTHER *Gaines*
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *30* (Years)
(18) BIRTHPLACE *Edgefield S.C.*
(19) OCCUPATION *Wash Hand*
(21) Number of children of this mother now living, including present birth *Three (3)*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9 a.m.* on the date above stated. (Born *live* or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Lula F. Givens, Midwife*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness *Lillie Lake*
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled *Nov 4 1916* (28) *Joseph Lake*
Local Registrar

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.
McGaw, of Columbia

*When there was no attending physician or midwife, then the father, household, 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.