

(1) PLACE OF BIRTH

County of Mecklenburg
 Township of Shiloh
 or
 Inc. Town of ..
 or
 City of ..
 (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

79492

Registration District No. 4107 Registered No. 98
 (For use of Local Registrar)

(2) Full Name of Child Irma Moore

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

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

FATHER.
 (8) FULL NAME Robert D. Moore
 (9) PRESENT POSTOFFICE OF FATHER Atlanta S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Thomas
 (13) OCCUPATION Farmer
 (16) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Minnie Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Atlanta S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE Williamston S.C.
 (19) OCCUPATION House Keeper
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) M. J. Moore (24) State whether Physician or Midwife ..
 (25) Address of Physician or Midwife Atlanta S.C.

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 9-9-16 (28) S. G. McElwain 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.