

WRITES 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.

McGuire, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		80093	
Township of <u>Brushy Water</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>302</u>		Registered No. <u>109</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		No. <u>SL</u>		Ward <u>6</u>	
(2) Full Name of Child <u>Samuel Watson Moore</u>		If child is not yet named, make supplemental report as directed.			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 27</u>	191 <u>6</u>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER:			MOTHER:		
(8) FULL NAME <u>Adam Franklin Moore</u>			(14) NAME BEFORE MARRIAGE <u>Leola Norris S.C. Ry</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont S.C. R.R. 1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>		
(12) BIRTHPLACE <u>Anderson Co. S.C.</u>			(18) BIRTHPLACE <u>Pickens Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House Reaping</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> <u>10</u> P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>S. F. Rogers</u>					
(24) State whether Physician or Midwife			(25) Address of Physician or Midwife		
<u>Midwife</u>			<u>Piedmont S.C. R.R. 1</u>		
Given name added from a supplemental report			(26) Witness		
191...			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Aug 30</u> 191 <u>6</u> (28) 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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