

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only
79376

County of Spokane STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
Township of Walnut Grove State Board of Health

or
Inc. Town of Registration District No. H010 Registered No. H1
(For use of Local Registrar)
or
City of (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 Delores Foster If child is not yet named, make supplemental report as directed

BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 9 1916
To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.
(14) FULL NAME Jeff Moore
(15) PRESENT POSTOFFICE OF FATHER Moore SE
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Moore SE
(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Nestie Foster
(15) PRESENT POSTOFFICE OF MOTHER Moore SE
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Moore SE
(19) OCCUPATION Woods and farm
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Moore SE

When name added from a supplemental report
..... 191.....
..... Registrar
(26) Witness J. J. Williams (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct. 6 1916 (28) Dr. F. Moore 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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