

FORM NO. 2
 MARGIN REMOVED BY THE BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M.F.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCraw, of Columbia.
 W.H.
 M.H.
 McCraw

(1) PLACE OF BIRTH
 County of Burley
 Township of 2nd St. Stephen
 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.)
 Registration District No. 706 Registered No. 8
 (For use of Local Registrar)

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

File No. — For State Registrar Only
48224

(2) **Full Name of Child** Alma Rose Moore | If child is not yet named, make supplemental report as directed

(3) **BOY OR GIRL?** girl (4) **Twin or Triplet?** no (5) **Number in order of birth** one (6) **Are Parents Married?** yes (7) **DATE OF BIRTH** July 11 1914
 (Name of Month) (Day) (Year)

FATHER.
 (8) **FULL NAME** Gilbert Moore
 (9) **PRESENT POSTOFFICE OF FATHER** Alvin
 (10) **COLOR OR RACE** White (11) **AGE AT LAST BIRTHDAY** 25 (Years)
 (12) **BIRTHPLACE** Georgetown S.C.
 (13) **OCCUPATION** Public Ward
 (20) **Number of children born to mother, including present birth** one

MOTHER.
 (14) **NAME BEFORE MARRIAGE** Lesley Rags
 (15) **PRESENT POSTOFFICE OF MOTHER** Alvin
 (16) **COLOR OR RACE** white (17) **AGE AT LAST BIRTHDAY** 22 (Years)
 (18) **BIRTHPLACE** Alvin Burley Co.
 (19) **OCCUPATION** Wagon wares
 (21) **Number of children of this mother now living, including present birth** one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alma, at 8 A.M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) R. H. Hewson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Wasson

Given name added from a supplemental report
James H. G.
Alvin Moore
Reg. 5/14/14 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 12 1914 (28) J. J. Quincy 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.

*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.