

Form No. 1

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

74815

(1) PLACE OF BIRTH

County of SumterTownship of Juneau

or Inc. Town of

or City of

(If birth occurs in a hospital or other institution, name of same instead of street and number)

(2) Full Name of Child

Motion Moore

(3) Sex

Male

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Date of Birth

8/29/18

(7) Name of Mother

Anna Ruby Smith

(8) Present Postoffice of Father

Juneau

(9) Color or Race

W

(10) Age at Last Birthday

18

(11) Birthplace

SC

(12) Occupation

Book Keeper

(13) Number of children born to mother, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Juneau (Hour 7:00 (P.M.)) on the date above stated.(23) (Signature) A. J. Moore

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Juneau

(26) Witness

A. J. Moore

(27) Filed

9/1/18

(28) Local Registrar

A. J. Moore

Even name added from a supplemental report

Harland added 6/11/34M. D. State

Registrar

(29) 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.