

MARGIN RESERVED FOR BINDING. WRITE 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. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of York
Township of Brook River
or
Town of
City of (No. St.; Ward)
(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
75220

Registration District No. 4402 Registered No. 48
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 29 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Moore
(9) PRESENT POSTOFFICE OF FATHER Hickory Grove
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE York Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Catheleen Moore
(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE York Co
(19) OCCUPATION Domestic
(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 7:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Betsey Moore
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hickory Grove

Given name added from a supplemental report 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. Kirby
(27) Filed Aug 30 1916 (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.