

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 Broad River

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.)

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)

St.; Ward)

(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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 29 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Moore

(14) NAME BEFORE MARRIAGE Cathleen Moore

(9) PRESENT POSTOFFICE OF FATHER Hickman Grove

(15) PRESENT POSTOFFICE OF MOTHER Hickman Grove

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE York Co

(18) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(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 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bessie Morgan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Hickman Grove

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 30 1916 (28) C. H. Kirby 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.