

(1) PLACE OF BIRTH

County of SpartanburgTownship of Childs

Inc. Town of

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

53931

Registration District No. 4-107 Registered No. 24

(For use of Local Registrar)

2. Full Name of Child. Gola Lee

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

(To be answered only in event of Twin or Triplet's)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 11 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. L. Moore(9) PRESENT POSTOFFICE OF FATHER Childs, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Spartanburg, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lee Moore(15) PRESENT POSTOFFICE OF MOTHER Childs, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Spartanburg, S.C.(19) OCCUPATION Housewife(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 born alive at Childs, S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Arthur W. Wilson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Childs, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 5-25 1914 (28) A. L. Wilson 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.

fifth month of pregnancy.

(copy from original in pencil.)

Form No. 10.
 STATE IN RELAYED FOR BUNTING.
 WHEN PLANNED, WITH READING, FOR A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 8.