

(1) PLACE OF BIRTH

County of YorkTownship of Millersburgor
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

35087

Registration District No. 2704 Registered No.
(For use of Local Registrar)

City of (No. St. Ward)

2) Full Name of Child Elmer Des. Moak { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 6, 1914 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Moak(9) PRESENT POSTOFFICE OF FATHER Blaney S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Liza Goff(15) PRESENT POSTOFFICE OF MOTHER Blaney(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer's wife(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:20 M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) H. E. Dargatzian(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Blaney S.C.

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 9, 1914 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.

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