

(1) PLACE OF BIRTH

County of FairfieldTownship of X 5City of BucklickCity of Bucklick

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

12723

Registration District No. 1502 Registered No. 61
(For use of Local Registrar)(No. 1502 St.; 61 Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child J. C. Moore If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 6th 1915
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME C. J. Moore
(9) PRESENT POSTOFFICE Bucklick
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Bucklick
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth SevenMOTHER.
(14) NAME BEFORE MARRIAGE Carrie Herndon
(15) PRESENT POSTOFFICE OF MOTHER Bucklick
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Longtown
(19) OCCUPATION Farm Laborer
(20) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:00 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mary Ann Davis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bucklick S.C.

Given name added from a supplemental report

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

(27) Filed Dec 16 1915 (28) W. G. Gault 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.

Local Registrar.

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