

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.

(1) PLACE OF BIRTH
County of York
Township of
or
Inc. Town of York
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
54111

Registration District No. 44-A Registered No. 13
(For use of Local Registrar)
St.; Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>March</u> , 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Moore</u>			(14) NAME BEFORE MARRIAGE <u>Fanny Christ</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York S.C.</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)	
(12) BIRTHPLACE <u>York Co S.C.</u>			(18) BIRTHPLACE <u>York Co S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. B. Aaron
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed March 6 1916 (28) M. J. Wadley 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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