Form No. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 87595

(1) PLACE OF BIRTH

County of Sumter

Township of Mayesville
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. H.1.0.2 Registered No. 135
(For use of Local Registrar)

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

(3) BOY OR GIRL: Girl
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Nov 28 1916 (Name of Month) (Day) 19 (Year)

FATHER.	MOTHER.
(8) FULL NAME: Henry Moore	(14) NAME BEFORE MARRIAGE: Marilla Beard
(9) PRESENT POSTOFFICE OF FATHER: Mayesville SC	(15) PRESENT POSTOFFICE OF MOTHER: Mayesville SC
(10) COLOR OR RACE: negro (11) AGE AT LAST BIRTHDAY 40 (Years)	(15) COLOR OR RACE: negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE: S C	(18) BIRTHPLACE: S C
(13) OCCUPATION: Farm Hand	(19) OCCUPATION: House wife
(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 (Born alive or stillborn) at 10 A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Iena Benjamin
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Mayesville SC

Given name added from a supplemental report .....
..... 19 .... Registrar

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

(27) Filed Nov 30 1916 (28) W H Thomas 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.

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, COLUMBIA, S. C.