

(1) PLACE OF BIRTH

County of Franklin
 Township of 15
 or
 Inc. Town of Monticello
 or
 City of SC

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17580

Registration District No. 15 Registered No. 19
 (For use of Local Registrar)

(No. St. Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3 SEX OR GUILD B 4 Twin or Triplet No 5 Number in order of birth 10 6 Are Parents Married Yes 7 DATE OF BIRTH Mar 21 1926
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME James Blair Moore9 PRESENT POSTOFFICE OF FATHER Shelton10 COLOR OR RACE 13 11 AGE AT LAST BIRTHDAY 26 (Year)12 BIRTHPLACE SC13 OCCUPATION Farmer20 Number of children born to mother, including present birth 10

MOTHER.

14 NAME BEFORE MARRIAGE Mary Nightman15 PRESENT POSTOFFICE OF MOTHER Shelton16 COLOR OR RACE 13 17 AGE AT LAST BIRTHDAY 25 (Year)18 BIRTHPLACE SC19 OCCUPATION Wife21 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Blair Moore
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Shelton

Given name added from a supplement-
 al report

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

(27) Filed June 10 1926 (28) C. J. Smith 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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