

(1) PLACE OF BIRTH
County of AndersonCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
62944

Township of

Inc. Town of Registration District No. 25 Registered No. 209
(For use of Local Registrar)
City of (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 Lane Moore If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) ~~Male~~
or ~~Female~~?

To be answered only in case of twins or triplets

(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH June 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME John Moore(9) PRESENT
POSTOFFICE
OF FATHER Anderson(10) COLOR OR
RACE Col (11) AGE AT LAST
BIRTHDAY 33
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Bessie Hadden(15) PRESENT
POSTOFFICE
OF MOTHER Anderson(16) COLOR OR
RACE Col (17) AGE AT LAST
BIRTHDAY 35
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Hadden

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

, 191...

Registrar

(26) Witness

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

(27) Filed

191...

(28)

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.

Registrar

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