

16 092964

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number) { If child is not yet named, make supplemental report as directed.

Standard Certificate of Birth

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

Registration District No. 3-a

FILE No.—For State Registrar Only

00230

Registered No. 93  
(For use of Local Registrar)

2. FULL NAME OF CHILD

Arthur Harold Moorhead

3. Boy or Girl Boy 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Married? yes 8. Date of birth July 11th, 1916  
(Month, day, year)

9. Full name **FATHER**  
Robert Eva Moorhead

18. Name before marriage **MOTHER**  
Sellie Estelle Upchurch

10. Residence (mailing address) (If non-resident, give place and State) S. Car.

19. Residence (mailing address) (If non-resident, give place and State) S. Car.

11. Color or race white 12. Age at last birthday 29 (years)

20. Color or race W 21. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or country) W. Ave. E. Anderson S.C.

22. Birthplace (city or place) (State or country) Same

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work 19..... 17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 2

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at..... m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at..... M. on above date. (Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

(Signed) J. R. Young, M. D.  
or..... Midwife

Given name added from a supplementary report..... (Date of)

Address.....  
Filed 2-28-42, 19 WT Tally Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING  
PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
WRITE IN CASE MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH, STATED.  
(See instructions on Back of Certificate.)