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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)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-a Registered No. 93

(For use of Local Registrar)

(No. Fair Street Sp. Ward)

## 2. FULL NAME OF CHILD

Arthur Harold Moorhead

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>July 11th</u> , 19 <u>16</u> (Month, day, year)
If Plural births	5. Number, in order of birth.....	Full term? <u>yes</u>		

9. Full name <u>Robert Eva Moorhead</u>	FATHER	18. Name before marriage <u>Sellie Estelle Upchurch</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>S. Car.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>S. Car.</u>
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11. Color or race <u>white</u>	12. Age at last birthday <u>29</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>27</u> (years)
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13. Birthplace (city or place) (State or country) <u>No. Ave. East Anderson S.C.</u>	22. Birthplace (city or place) (State or country) <u>Same</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
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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.
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16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
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27. Number of children of this mother (At time of birth and including this child)	(a) Born alive and now living <u>3</u>	(b) Born alive but now dead <u>2</u>	(c) Stillborn <u>2</u>
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28. If stillborn, period of gestation.....	months	29. Cause of stillbirth.....	Before labor.....	During labor.....
	weeks			

## 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)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

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

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

or..... Midwife

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

State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.)