

(1) PLACE OF BIRTH

County of

Township of

or
In Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37783

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Willie Marie Moore

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

(3) SEX
MALE(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME
William Pearson Moore(9) PRESENT
POSTOFFICE
OF FATHER Woodruff SC #3(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 37 (Years)(12) BIRTHPLACE
Moore Co(13) OCCUPATION
Farmer(14) Number of children born to
mother, including present birth 7

MOTHER.

(14) NAME BEFORE
MARRIAGE Emily Rogers(15) PRESENT
POSTOFFICE
OF MOTHER Woodruff SC #3(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 38 (Years)(18) BIRTHPLACE
Spartanburg Co(19) OCCUPATION
Seamstress(20) Number of children of this mother
now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 10:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William H. Pearson

(24) State where Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
al report

7/15/42

M. B. W.

Registrar

(26) Witness

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

(27) Filed 7/12/42

1943

(28) Chas. L. Bayler

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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