

## (1) PLACE OF BIRTH

County of FlamingTownship of Rose Cityor  
Inc. Town of

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

42851

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Edna Moore

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? One(5) Number in order of birth 14th(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 12 1911

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eliza Moore(9) PRESENT POSTOFFICE OF FATHER Rose City S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Williamburg Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 14

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Smith(15) PRESENT POSTOFFICE OF MOTHER Rose City S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 48 (Years)(18) BIRTHPLACE Williamburg Co.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) M. D. Kelly

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Atlanta S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed Jan 10 1912

(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.

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IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.