

Form No. 1

(1) PLACE OF BIRTH

County of Christiansburg

Township of Allegheny

Inc. Town of

City of

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

(2) Full Name of Child Mary Elizabeth Moore

File No. For State Registrar Only
51690

Registration District No. 1200 Registered No. 8
(For use of Local Registrar)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar 17 1916
(Name of Month) (Day) (Year)

(8) FULL NAME

L. A. Moore

(9) PRESENT POSTOFFICE OF FATHER

McPhee

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie McFarland

(15) PRESENT POSTOFFICE OF MOTHER

McPhee

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Alive at 9:45 AM on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. H. H. McPhee

(24) State whether Physician or Midwife (25) Address of Physician or Midwife McPhee SC

Given name added from a supplemental report

Rest 10 1916

St. Mills Registrar

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

(27) Filed 3/18/16 (28) W. H. H. H. 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.