

(1) PLACE OF BIRTH

County of Charleston, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32048

Township of

Inc. Town of Registration District No. 9A Registered No. 100
 (For use of Local Registrar)
 City of Charleston, S.C. (No. St Francis Infirmary St. John Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Moore If child is not yet named, make supplemental report as directed

(3) Sex OR girl (4) Twin or triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH December 27, 1943
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harold Lucas(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Illinois(13) OCCUPATION Valman(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Moore(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 A.M. on the date above stated. (Boy or girl or stillborn) (Hour & M. or P.M.)(23) (Signature) A.C. Brainerd M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

9/14/43
L.A. Brainerd M.D.
Registrar(27) Filed 12/8/43 (28) William 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.

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