

(1) PLACE OF BIRTH

County of SpartanburgTownship ofThe Town of GreystonCity of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66329

Registration District No. 1405 Registered No. 584
(For use of Local Registrar)

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

2. Full Name of Child Robert Humphries, Jr.

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 15, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Emile Moore(9) PRESENT POSTOFFICE OF FATHER Greyston(10) COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE St. Louis, Mo.(13) OCCUPATION Insurance Agent(14) Number of children born to mother, including present birth Two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE Wynthe Hargis(15) PRESENT POSTOFFICE OF MOTHER Greyston(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Tennessee(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive ~~as stillborn~~) (Hour A. M. or P. M.)(23) (Signature) A. W. Bay(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Spartanburg

(26) Given name added from a supplemental report

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

2/21/142 191.....

M. B. K. R. L. M. D. Registrar

(27) F. M. D. 2/24/2 1916 (28) E. F. Parker 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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