Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
90730

(1) PLACE OF BIRTH

County of Lee

Township of Lona

or

Inc. Town of ..... Registration District No. 5085 Registered No. 143
(For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

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

(2) Full Name of Child. Eligha Moses

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
boy			yes	Dec 28, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Matthew Moses	(14) NAME BEFORE MARRIAGE Lignis Holmes
(9) PRESENT POSTOFFICE OF FATHER Camden SC	(15) PRESENT POSTOFFICE OF MOTHER Camden SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grace McL. Bowman

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Bishopville

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Jan 3 1917. (28) S. J. Corbitt. 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.

MARGIN RESERVED FOR BINDING.
PLEASE PRINTS. WRITE LEGIBLY. THIS IS A PERMANENT RECORD.
Use ink. Use of PENCIL OR PRINTS see a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.