

## (1) PLACE OF BIRTH

County of SumterTownship of ShelburneInc. Town of Sumter  
or  
orCity of Sumter

(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

2614

Registration District No. 4-107 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Richard Stuart Moore If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 2 1912  
(To be inserted only in case of Twin or Triplet) (Date of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thoma A Moore(9) PRESENT POSTOFFICE OF FATHER Atlanta S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Sumter(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie I Godwin(15) PRESENT POSTOFFICE OF MOTHER Atlanta(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Blount(19) OCCUPATION H K.(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born Alive at 2 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) M. J. Moore M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Atlanta S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1-9-12 (28) S. B. McElovers 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.

Registrar

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