

(1) PLACE OF BIRTH

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

35961

Registration District No. 23A

Registered No. 547

(For use of Local Registrar)

City of Greenville

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(2) Full Name of Child Anna Monetta Moran If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? G (4) Twin or triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14 - 1973 (Name of Month) (Day) (Year)FATHER. (8) NAME BEFORE MARRIAGE John H. Moran(9) PRESENT POSTOFFICE OF FATHER Greenville, SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE New Orleans, La.(13) OCCUPATION Pop Gasoline Filling Station(14) Number of children born to mother, including present birth oneMOTHER. (14) NAME BEFORE MARRIAGE Mourell Bernard(15) PRESENT POSTOFFICE OF MOTHER Greenville, SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Enchiers, La Marche, France(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. Moran (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, SC

Given name added from a supplemental report

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(26) Witness

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

(27) Filed Nov 16 1973 (28) C. E. Smith 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.