

MARGINS RESERVED FOR BINDING.

WRITE PLAINLY, WITH INK, USING INC-SPIN IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS, FURNISH SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County Union
Township of Monroeh
or
Inc. Town of Monroeh
or
City of Monroeh

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

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

2674

Registration District No. 42.07 Registered No. 3
(For use of Local Registrar)

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

(3) SEX OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10-28
(State of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jasper J. Moore
(9) PRESENT POSTOFFICE OF FATHER Union S.C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 49 (Years)
(12) BIRTHPLACE Rabun Co Ga
(13) OCCUPATION oil operator

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Benfield
(15) PRESENT POSTOFFICE OF MOTHER Union S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 42 (Years)
(18) BIRTHPLACE Rabun Co Ga
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 11 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. H. H. H. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union 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 2-10-22 (28) O. S. 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.