

(1) PLACE OF BIRTH

County of MarionTownship of West HillInc. Town of
or

City of

(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

46910

Registration District No. 33 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child C. H. D. M. Moore, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan, 29, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(2) FULL NAME C. H. Moore(9) PRESENT POSTOFFICE OF FATHER Bennettsville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)(12) BIRTHPLACE Wilson Co(13) OCCUPATION Book mfg(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Annie P. Proctor(15) PRESENT POSTOFFICE OF MOTHER Bennettsville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)(18) BIRTHPLACE Wilson Co(19) OCCUPATION Housewife(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 alive at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. Moore, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 30 1916 (28) B. F. Majors 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Columbia

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FORM NO. 10