

(1) PLACE OF BIRTH
 County of York
 Township of Bethesda
 or
 Inc. 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

58078

Registration District No. 440 Registered No. 130
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 5
 To be answered only in case of Twins or Triplets (Name of Month) (Day) 1916 (Year)

FATHER.
 (8) FULL NAME Miles Moore
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill, N.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE York Co.
 (13) OCCUPATION Farm Laborer

MOTHER.
 (14) NAME BEFORE MARRIAGE Airrean Hinton
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill N.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE York Co.
 (19) OCCUPATION House & field labor

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Cherry
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Mrs. S. H. Love
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 1916

(28)

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.

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