

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Cross Oakes  
or  
Inc. Town of .....

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

File No. — For State Registrar Only  
**91854**

Registration District No. 4-003 Registered No. 119  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 18 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Wiley C. Moore  
(9) PRESENT POSTOFFICE OF FATHER Evree S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
(12) BIRTHPLACE Evree S.C.  
(13) OCCUPATION Salesman  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Em Huff  
(15) PRESENT POSTOFFICE OF MOTHER Evree S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29  
(18) BIRTHPLACE Evree S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ... Male ... at 12 ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Evree S.C.

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 6 1917 (28) C. J. Namer 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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