(1) PLACE OF BIRTH

County of Spartanburg

Township of Cross Anchor

or

Inc. Town of ..... Registration District No. 4.0.0 Registered No. 9

or (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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
50491

(2) Full Name of Child. Garrett Moody

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth (To be answered only in event of Twins or Triplets)	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl			No	Feb. 8 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME	(14) NAME BEFORE MARRIAGE: Fred Moody
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER: Converse S.C.
(10) COLOR OR RACE	(16) COLOR OR RACE: black
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY: 16 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE: Spartanburg Co. S.C.
(13) OCCUPATION	(19) OCCUPATION: House work
(20) Number of children born to mother, including present birth:	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nattie Poole

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Converse S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness Mrs. C. D. Hamra
(Signature of Witness necessary only when question 23 is signed by mark.)

(27) Filed Feb 11 1916 (28) C. D. Hamra
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.

WRI McCaw, of Columbia.

Registrar 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. McCaw.