

Form No. 3

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only.

52149

County of Florence

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Catmonville

Inc. Town of

Registration District No. 2nd

Registered No.

16

(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. Rebecca 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 1
To be answered only in case of twins or triplets

(6) Are Parents Married? ✓

(7) DATE OF BIRTH March 26, 1914
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William Moore

(14) NAME BEFORE MARRIAGE Bernice Johnson

(9) PRESENT POSTOFFICE OF FATHER Catmonville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Catmonville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Washington D.C.

(18) BIRTHPLACE —

(13) OCCUPATION Farmhand

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

(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 at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles Jackson

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

Midwife Catmonville

Given name added from a supplemental report

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

(27) Filed 1914 (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.

WRITER PLAINLY, WITH MARGINS RESERVED FOR BINDING. 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. McAW, of Columbia