

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 40923

40923

County of AndersonMunicipality of BrownsonCity of BrownsonNo. 24.2 Registered No. 16.4Registration District No. 24.2Registered No. 16.4

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Edgar E. Moore (If child is not yet named, make supplemental report as directed)(2) SEX Boy (3) Type or Triplet (4) Number in order of birth 1 (5) Date of birth Dec 23 (6) Month 12 (7) Day 23 (8) Year 1913

To be answered only in event of Twin or Triplet

FATHER.

(9) NAME Joe Elmore (10) DATE BEFORE MARRIAGE March 1911(11) PRESENT RESIDENCE OF FATHER Waterbury (12) PRESENT RESIDENCE OF MOTHER Brownson(13) COLOR colored (14) AGE AT LAST BIRTHDAY 37 (15) COLOR colored (16) AGE AT LAST BIRTHDAY 24(17) BIRTHPLACE Beauford (18) BIRTHPLACE Beauford(19) OCCUPATION concrete (20) OCCUPATION in service(21) Number of children born to mother, including present birth one (22) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

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

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Given name added from a supplemental report

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

(29) Filed Dec 28 1913 (30) J. W. Rogers 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.