

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of Am. Spr. Co.

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

73000

Registration District No. 2209 Registered No. 4 14

(For use of Local Registrar)

(No. 190 Church St. St.; ..... Ward)

(2) Full Name of Child. .... { 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

William M. Moon

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Greenville Co.

(13) OCCUPATION

Mill work

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

{ ..... 1 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ethel M. Hasler

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Greenville Co.

(19) OCCUPATION

Housewife

(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 Alive at 8 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alvin Brown

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

M. Q. V. Greenville

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed Sep 3 1916

(28)

A. H. Mack 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.