

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charles ton

Township of
or
Inc. Town of
or
City of Charleston
(if birth occurs in a hospital of

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

File No.—For State Registrar Only
75981

(2) Full Name of Child. *Frank Ryan Moultrie* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept. 13, 1906</i> (Name of Month) (Day) (Year)
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FATHER.	
(8) FULL NAME	Pro. Moultrie
(9) PRESENT POSTOFFICE OF FATHER	Barleyville, K6.
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE	Barleyville, K6
(13) OCCUPATION	Farmer
(20) Number of children born to mother, including present birth	2

MOTHER.

(14)	NAME BEFORE MARRIAGE	<i>Winnie Affine</i>
(15)	PRESENT POSTOFFICE OF MOTHER	<i>Harleyville, Mo</i>
(16)	COLOR OR RACE	<i>Negro</i>
(17)	AGE AT LAST BIRTHDAY	<i>19</i> (Years)
(18)	BIRTHPLACE	<i>Harleyville, Mo</i>
(19)	OCCUPATION	<i>Farm hand</i>
(20)	Number of children of this mother now living, including present birth	<i>2</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *[Handwritten Signature]*

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

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 7/7/19 (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.