

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Waynes  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1765

Registration District No. 2807 Registered No. 5

(For use of Local Registrar)

(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 Ruth Mobley

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

3. girl (4) Twin Turns (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 11, 22  
 To be answered only in case of Twins or Triplets (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Izzard Mobley  
 (9) PRESENT POSTOFFICE OF FATHER Riverside S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Lancaster Co.  
 (13) OCCUPATION Public work

## MOTHER.

(14) NAME BEFORE MARRIAGE Medier Dixon  
 (15) PRESENT POSTOFFICE OF MOTHER Riverside S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Lancaster Co.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Mobley  
 (24) State whether midwife (Physician or Midwife) (25) Address of Physician or Midwife Kingsville S.C.

Given name added from a supplemental report

(26) Witness O. J. Sistar  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 20, 22 (28) B. J. Richardson  
 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.

RECORD OF BIRTHS, DEATHS, ETC., IN QUESTION 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.