

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.

(1) PLACE OF BIRTH
County of Fairfield Co
Township of Winnabow S.C.
or
Inc. Town of Winnabow S.C.
or
City of Winnabow S.C.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. Registered No. 1911
(For use of Local Registrar)
(No. St.; Ward)

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

File No.—For State Registrar Only
42272

(2) Full Name of Child Marta Mobley
(If child is not yet named, make supplemental report as directed)
(3) BOY OR GIRL girl
(4) Twin or Triplet? None
(5) Number in order of birth 5
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Dec 22 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Willie Mobley
(9) PRESENT POSTOFFICE OF FATHER Winnabow S.C.
(10) COLOR OR RACE negro
(11) AGE AT LAST BIRTHDAY 27
(Years)
(12) BIRTHPLACE Fairfield Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Emma Davis
(15) PRESENT POSTOFFICE OF MOTHER Winnabow S.C.
(16) COLOR OR RACE negro
(17) AGE AT LAST BIRTHDAY 22
(Years)
(18) BIRTHPLACE Fairfield Co
(19) OCCUPATION Farmer
(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 Living at 10 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) David B. Mitchell M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Winnabow S.C. Route 2 Box 23

Given name added from a supplemental report
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
Dec 27 22 W. H. Krum
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 be reported as stillborn. No report is desired of stillbirths. Report within month of pregnancy.

MOCCAY OF COLUMBIA, COLUMBIA, S. C.