

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43304

County of LaurensTownship of Jacksor  
Inc. Town of .....

City of .....

Registration District No. 2903Registered No. 555  
(For use of Local Registrar)

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

(2) Full Name of Child Robert Flemmings Moss

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH Dec 22 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME  
(9) PRESENT POSTOFFICE OF FATHER  
(10) COLOR OR RACE  
(11) AGE AT LAST BIRTHDAY  
(12) BIRTHPLACE  
(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Lavella Morse  
(15) PRESENT POSTOFFICE OF MOTHER Clinton  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 16  
(18) BIRTHPLACE SC  
(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mandana Young

Given name added from a supplemental report

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

(27) Youse 23 (28) Dr. Copeland 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.