

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of Blythwood

or

Inc. Town of

or

City of

(No. 1 St.; 109 Ward)
(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

31980

Registration District No. 3800

Registered No. 109
(For use of Local Registrar)

(2) Full Name of Child

Moses Gonia

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 9, 22
(Name, Month, Day, Year)

FATHER

(8) FULL NAME

Peter Gonia

(9) PRESENT POSTOFFICE OF FATHER

Blythwood

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

Richland Co

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Lula Richardson

(15) PRESENT POSTOFFICE OF MOTHER

Blythwood

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

Richland Co

(19) OCCUPATION

Housewife

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

10

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.

12:00 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emma Brewer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Blythwood

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 13, 22

(28)

Va My Lean
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.

NOTE.—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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.