

WRITE FULLY, 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health				14137	
County of <u>Cherokee</u>		Registration District No. <u>100 B</u>		Registered No. <u>35</u>	
Township of <u>Cherokee</u>				(For use of Local Registrar)	
Inc. Town of		No.		St.; Ward	
City of <u>County</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Emma Geraldine Moss</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 7, 1922</u> (Name of Month Day Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Forest Freeman Moss</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Edna Child</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee Falls S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee Falls S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Cherokee Co S.C.</u>			(18) BIRTHPLACE <u>Rock Co S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3:30</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>B. D. Miller</u>		(25) Address of Physician or Midwife <u>Hickory Grove S.C.</u>			
(24) State whether <u>Physician</u>					
Given name added from a supplemental report		(26) Witness <u>J. A. Whisman</u> (Signature of Witness necessary only when question 23 is signed by mark)			
19 <u>22</u> Registrar		(27) Filed <u>June 8, 1922</u> 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.