

(1) PLACE OF BIRTH

County of Edgefield
 Township of Moss
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

28161

Registration District No. 1808 Registered No. 33
 (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 Lily Bell Mosley (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married No (7) DATE OF BIRTH Sept 21, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jane Mosley
 (9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME OF MARRIAGE Mary Emma Rogers
 (15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farmer help
 (20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Fannie Byrd
 (23) State, whether, Physician or Midwife midwife (24) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 10/7/23 (27) Ph. D. Lamb 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.