

(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

72989

County of Greenville.....Township of GreenvilleInc. Town of Registration District No. 2209 Registered No. 400City of (No. Near Poe Mill St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u></u>	(7) DATE OF BIRTH <u>August, 10, 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>H. K. Moss</u>	(14) NAME BEFORE MARRIAGE <u>Beckenridge</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Greenville Co. S. C.</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville Co. S. C.</u>	(16) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>Madison Ga.</u>	(19) OCCUPATION <u>Housewife</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>54</u> (Years)	(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
(12) BIRTHPLACE <u>York Co. S. C.</u>	(13) OCCUPATION <u>Furniture Repair</u>	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	

(22) I hereby certify that I attended the birth of this child, who was born alive at ... 10... A. M.... M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Mary X. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | 109 Pinckney St.

Given name added from a supplemental report

(26) Witness a H. Massey
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 15, 1916 (28) a H. Massey
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, 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. McCaw, of Columbia.