

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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York  
Township of Bethesda  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only  
**32724**

Registration District No. 4401 Registered No. 74  
(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 Andray Mobley 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 one (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 26, 1922  
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME andray mobley  
(9) PRESENT POSTOFFICE OF FATHER Smith Turnout S.C.R.  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 3.1 (Year)  
(12) BIRTHPLACE York Co.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth Two

MOTHER.  
(14) NAME BEFORE MARRIAGE Saffey Thomas  
(15) PRESENT POSTOFFICE OF MOTHER Smith Turnout S.C.R.  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 3.2 (Year)  
(18) BIRTHPLACE York Co.  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Cherry Rock Hill S.C.R. 5

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

Given name added from a supplemental report

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

(27) Filed Sept. 30, 1922 (28) S. H. Kone 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.