

(1) PLACE OF BIRTH

County of Sumter

Township of

Inc. Town of

City of Sumter

(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

87566

Registered No. 220

(For use of Local Registrar)

St.; 3 Ward)(2) Full Name of Child. Reuben Ayrine Moseley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 15 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Moseley(9) PRESENT POSTOFFICE OF FATHER Sumter SC(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Branchville SC(13) OCCUPATION Barber(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie E. Moseley(15) PRESENT POSTOFFICE OF MOTHER Sumter SC(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE St. Matthews SC(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 330 A.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov 15 1916 (28) M. J. McKagen 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.