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7-25-42

FILE No.—For State Registrar Only

03832

1. PLACE OF BIRTH

County of AIKENTownship of VAUCLUSEor
Inc. Town ofor
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 204Registered No.
(For use of Local Registrar)

(No. 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

ELLEN MOSLEY{ If child is not yet named, make
supplemental report as directed.3. Boy or Girl GIRL If Plural 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature Full term..... 7. Are Parents Married? YES 8. Date of birth SEPT 27, 1942
(Month, day, year)9. Full name JOSEPH MOSLEY FATHER18. Name before marriage REAVIE WISE MOTHER10. Residence (mailing address) VAUCLUSE, S.C.
(If non-resident, give place and State)19. Residence (mailing address) VAUCLUSE, S.C.
(If non-resident, give place and State)11. Color or race NEGRO 12. Age at child's birth 20 (years)20. Color or race NEGRO 21. Age at child's birth 19 (years)13. Birthplace (city or place) AIKEN CO.
(State or country) SOUTH CAROLINA22. Birthplace (city or place) AIKEN Co.
(State or country) SOUTH CAROLINA14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. HOUSE KEEPER15. Industry or business in which work done, as silk mill, sawmill, bank, etc. FARM

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 19..... 17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation..... (months) weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

(Signed) Bessie Mosley Parent

or....., Guardian

Address HANDING ROAD, ROSLYN, N.Y.Filed Oct 16, 1942 M.A. Matlock
Asst. State Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)