

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.)

1. PLACE OF BIRTH

County of AIKEN
Township of VAUCLUSE
or
Inc. Town of
or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 204

FILE No.—For State Registrar Only

03832

Registered 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 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 1916
(Month, day, year)

9. Full name JOSEPH MOSLEY FATHER

18. Name before marriage REAVIE WISE MOTHER

10. 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 CAROLINA

22. Birthplace (city or place) AIKEN CO.
(State or country) SOUTH CAROLINA

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. HOUSE KEEPER

15. 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 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 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) Reavie Mosley Parent

or... Guardian

Address HANDING ROAD, ROSLYN, N.Y.

Filed Oct 16, 1942 M.B. Matlock Registrar.
Asst. State

Registrar.