

(1) PLACE OF BIRTH

County of Fairfield
 Township of X 9
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For this registration
20873

Registration District No. 1908 Registered No. 33
 (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 Theralong Mobley (If child is not yet named, make supplemental report as directed)

(3) SEX OR Boy (4) X (5) 4 (6) yes (7) DATE OF BIRTH July 23
 (8) yes (9) yes (10) yes (11) yes (12) yes (13) yes (14) yes (15) yes (16) yes (17) yes (18) yes (19) yes (20) yes (21) yes (22) yes (23) yes (24) yes (25) yes (26) yes (27) yes (28) yes (29) yes (30) yes (31) yes (32) yes (33) yes (34) yes (35) yes (36) yes (37) yes (38) yes (39) yes (40) yes (41) yes (42) yes (43) yes (44) yes (45) yes (46) yes (47) yes (48) yes (49) yes (50) yes (51) yes (52) yes (53) yes (54) yes (55) yes (56) yes (57) yes (58) yes (59) yes (60) yes (61) yes (62) yes (63) yes (64) yes (65) yes (66) yes (67) yes (68) yes (69) yes (70) yes (71) yes (72) yes (73) yes (74) yes (75) yes (76) yes (77) yes (78) yes (79) yes (80) yes (81) yes (82) yes (83) yes (84) yes (85) yes (86) yes (87) yes (88) yes (89) yes (90) yes (91) yes (92) yes (93) yes (94) yes (95) yes (96) yes (97) yes (98) yes (99) yes (100) yes

FATHER. (14) NAME BEFORE MARRIAGE Mary Jane Hart
 (15) PRESENT POSTOFFICE OF MOTHER Winnabrook
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Fairfield S.C.
 (19) OCCUPATION Public work
 (20) Number of children born to mother, including present birth 4
 (21) NAME BEFORE MARRIAGE Mary Jane Hart
 (22) PRESENT POSTOFFICE OF MOTHER Winnabrook
 (23) COLOR OR RACE col (24) AGE AT LAST BIRTHDAY 23
 (25) BIRTHPLACE Fairfield
 (26) OCCUPATION Farm labor
 (27) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (28) I hereby certify that I attended the birth of this child, who was... Theralong Mobley (Born alive or stillborn) (Sex M. or F. M.)
 on the date above stated.
 (29) (Signature) Ruby Johnson (30) Address of Physician or Midwife Winnabrook
 (31) State whether Physician or Midwife Physician

Given name added from a supplemental report
 (32) Witness (Signature of Witness necessary only when question 28 is signed by mark)
 (33) Filed (34) 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.