

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK. IN A PERMANENT RECORD.

N. B.—In a case of TWINS OR TRIPLETS use SEPARATE RECORD FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

State of California, Colusa, S. C.

(1) PLACE OF BIRTH

County of Des Moines

Township of Mauchest

or Inc. Town of

or City of

(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

Registration District No. 4101 Registered No. 2

File No.—For State Registrar Only

2575

(For use of Local Registrar)

(2) Full Name of Child Leona Moss

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 No (6) Are Parents Married? No (7) DATE OF BIRTH Jan 29, 1922

(8) (Place of Month) (Day) (Year)

(9) FULL NAME FATHER Leona Moss (10) NAME BEFORE MARRIAGE Leona Moss

(11) PRESENT POSTOFFICE OF FATHER Wesleyville #1 (12) PRESENT POSTOFFICE OF MOTHER Wesleyville #1

(13) COLOR OR RACE Negro (14) AGE AT LAST BIRTHDAY 16

(15) BIRTHPLACE Shurens Co (16) OCCUPATION Field Hand

(17) Number of children born to mother, including present birth one (18) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was one at 89 M., on the date above stated. (Born alive or stillborn) (Hour 'A. M. or P. M.)

(23) St. James Walker (24) Midwife (25) Wesleyville

Given name added from a supplemental report

(26) Witness (27) Filed Feb 1, 1922 (28) F. M. Butler 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.