

(1) PLACE OF BIRTH

County of UnionTownship of UnionInc. Town of UnionCity of Union

(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

2672

Registration District No. 42-27 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Danny Nelson 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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 1 1927(8) FULL NAME Ernest P Moss (9) NAME BEFORE MARRIAGE Wm. Ellen Pudd(10) PRESENT POSTOFFICE OF FATHER Rt. 2, P. O. 1 (11) PRESENT POSTOFFICE OF MOTHER Rt. 2, P. O. 1(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 27 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 26(16) BIRTHPLACE Gaffney S.C. (17) BIRTHPLACE Union S.C.(18) OCCUPATION Shoe mill work (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

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

(27) Filed 2-10-27 (28) [Signature] 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.