

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Paelet

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

File No.—For State Registrar Only

32297

Registration District No. 4806 Registered No. 135
 (For use of Local Registrar)

(2) Full Name of Child Annie Moss If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-27-22
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. J. H. Moss

(9) PRESENT POSTOFFICE OF FATHER Paelet S.C.R.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Tenant-farmer

(14) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Fowler

(15) PRESENT POSTOFFICE OF MOTHER Paelet S.C.R.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 29 M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(22) (Signature) M. W. Brown

(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Paelet, S.C.

Given name added from a supplemental report

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

(26) Filed Oct. 1, 1922 (27) M. W. Brown 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.

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REASON FOR FILING. WITH CERTIFICATE OF BIRTH. THIS IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, NO. 1 THIS OFFICE, NO. 2, ETC., IN QUESTION 2.