

WHITE FLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marion
Township of Marion
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

32661

Registration District No. 4302 Registered No. 52
(For use of Local Registrar)

(2) Full Name of Child Rhina Mouson (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 Sept 30 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Mouson
(9) PRESENT POSTOFFICE OF FATHER Kingslee S C
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Marion Co S C
(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Senie Porcher
(15) PRESENT POSTOFFICE OF MOTHER Kingslee S C
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Marion Co S C
(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rhina Mouson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingslee S C

Given name added from a supplemental report

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

(27) Filed Oct 9 1922 (28) J. T. Hinson 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.