

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate)

# 1. PLACE OF BIRTH

County of.....  
Township of Durham  
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)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4400

FILE No.—For State Registrar Only

**02403**

Registered No. ....  
(For use of Local Registrar)

(No. .... St.; .... Ward)

# 2. FULL NAME OF CHILD

Mary Elizabeth Moses

If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>girl</u>	If Plural birth	4. Twin, triplet, or other..... 5. Number, in order of birth..... <u>2</u>	6. Premature..... Full term..... <u>yes</u>	7. Are Parents Married?..... <u>yes</u>	8. Date of birth..... <u>Nov 1</u> (Month, day, year)	19.. <u>22</u>	
FATHER			MOTHER				
9. Full name <u>Oliver Moses</u>			18. Full maiden name <u>Rose Bell Howe</u>				
10. Residence (usual place of abode) (If non-resident, give place and State)..... <u>Bellevue St.</u>			19. Residence (usual place of abode) (If non-resident, give place and State)..... <u>Bellevue St.</u>				
11. Color or race..... <u>White</u>		12. Age at last birthday..... <u>36</u> (Years)		20. Color or race..... <u>White</u>		21. Age at last birthday..... <u>20</u> (Years)	
13. Birthplace (city or place) (State or country)..... <u>Bellevue St.</u>			22. Birthplace (city or place) (State or country)..... <u>Bellevue St.</u>				
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>Farming</u>			OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... <u>Housekeeper</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc..... <u>Farm</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc..... <u>Home</u>				
16. Date (month and year) last engaged in this work..... <u>Nov 19</u>			17. Total time (years) spent in this work..... <u>4 yrs</u>		25. Date (month and year) last engaged in this work..... <u>Nov 19</u>		
26. Total time (years) spent in this work..... <u>4 yrs</u>			27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... <u>2</u> (b) Born alive but now dead..... <u>None</u> (c) Stillborn..... <u>None</u>				
28. If stillborn, period of gestation..... <u>months</u> weeks			29. Cause of stillbirth..... <u>Before labor</u> During labor.....				

Specify any physical deformities of child at birth.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....born at.....10 P.M. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report.....but have filled this

(Date of)

(Signed).....M. B. Woodward M.D.

Address.....Bellevue St.

Filed.....JAN 1 1941

Registrar.

FEB 21 1941 Martin B. Woodward, M.D.