

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 1.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

(1) PLACE OF BIRTH
County of Anderson
Township of Rock Hill
OF
Inc. Town of Rock Hill
OF
City of Rock Hill (No. 310)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. 45-
(For use of Local Registrar)

(2) Full Name of Child Valmer E. Moseley
If child is not yet named, make supplemental report as directed

(3) Sex Male (4) Type or Weight 7 lbs (5) Number in order of birth 1 (6) Age 3 mo (7) DATE OF BIRTH 3-23-23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Oliver Moseley
(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Year)
(12) BIRTHPLACE And. Co. - D.C.
(13) OCCUPATION Severing
(14) Number of children born to mother, including present birth 8

MOTHER.
(15) NAME BEFORE MARRIAGE Janie Rochester
(16) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.
(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 36 (Year)
(19) BIRTHPLACE And. Co. - S.C.
(20) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) 6:30 a.m.
on the date above stated.

(23) (Signature) E. C. Johnson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report
Janie Fair
Janie 21 12-3

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) N. W. Lennigh
(27) Date Apr. 16, 1923 (28) 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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