

(1) PLACE OF BIRTH

County of Greenwood

Township of

or
Inc. Town of Greenwoodor
City of Greenwood(No. St. Ward)
(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 Register Only

4116

Registration District No. 32 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child William Robert

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be entered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 17, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hudson Mosely(9) PRESENT POSTOFFICE OF FATHER Greenwood(10) COLOR OR RACE 2 H (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE Jarvis

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice Haskins(15) PRESENT POSTOFFICE OF MOTHER Greenwood(16) COLOR OR RACE 17 (17) AGE AT LAST BIRTHDAY (Years)(18) BIRTHPLACE Jarvis

(19) OCCUPATION

(20) Number of children born to mother, including present birth 1 (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 July 17, 1923 at Greenwood S. C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane H. Murphy
(24) State whether Physician or Midwife (25) Signature of Physician or Midwife

Given name added from a supplemental report

(26) Witness Jane Mosely
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 10, 1923 (28) M. A. Williams
Registrar Local Registrar

If a child breathes even once, it must be registered before the fifth month of pregnancy.