

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

MOGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Kershaw</u>		STATE OF SOUTH CAROLINA		1083	
Township of <u>Palmer</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>2704</u>		Registered No. ....	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		James D.		(For use of Local Registrar)	
(2) Full Name of Child <u>Charlie Facesson</u>		St.; ..... Ward)		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH	
To be answered only in event of Twins or Triplets				Jan. 9, 1922	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charlie Facesson</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Baskin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lugoff S.B.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lugoff S.B.</u>		
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>		
(13) OCCUPATION <u>Public Work</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rebecca Anderson</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Affid. <u>Hannah Anderson</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan 30 1922</u> (28) <u>Wm. H. G. G. G.</u> Local Registrar.					
Given name added from a supplemental report <u>M. B. Grodsvand</u>					
7/7/41, 19 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.

AFFIDAVIT NEXT FRAME