

(1) PLACE OF BIRTH

County of RichlandTownship of Eastoveror Inc. Town of Eastoveror City of Robert

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5590

Registration District No. 3803Registered No. 2
(For use of Local Registrar)(No. Robert St.; Mohley Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bleese Mohley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 1/26/33
(Name of Month) (Day) (Year)

FATHER. <u>Simon Shiver</u>			MOTHER.		
(8) FULL NAME <u>Bleese Mohley</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Mohley</u>		(14) NAME BEFORE MARRIAGE <u>Lizzie Mohley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Eastover SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Eastover SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Eastover SC</u>		
(10) COLOR OR RACE <u>ed</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)		(16) COLOR OR RACE <u>ed</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Richland Co</u>			(18) BIRTHPLACE <u>Eastover SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 3300 AM. on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) Charlotte Loyie
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1/31/33 (28) SA Ferguson 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.