

2/3/45  
Free

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U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Aiken  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Aiken S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 200

FILE No.—For State Registrar Only

00076

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

(No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

2. FULL NAME OF CHILD Charles Alexander Moseley { If child is not yet named, make supplemental report as directed

3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature ..... Full term yes 7. Are Parents Married? yes 8. Date of birth Aug. 21, 1916 (Month, day, year)

9. Full name Fred Harley Moseley FATHER

18. Name before marriage Marie Lillian Emery MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Aiken, S.C.

19. Residence (mailing address) (If non-resident, give place and State) Aiken, S.C.

11. Color or race W. 12. Age at child's birth... 23 (years)

20. Color or race W. 21. Age at child's birth... 23 (years)

13. Birthplace (city or place) (State or country) Aiken, S.C.

22. Birthplace (city or place) (State or country) Aiken, S.C.

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work Life 17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work Life 19.... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn .....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at \_\_\_\_\_ m. on the date above stated.

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

(Signed) Fred. H. Moseley Parent  
or Aiken, S.C. Guardian

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address P. O. Box 4  
Filed 2/8, 1945 L. A. Riser, M. D. Registrar. E

Registrar.

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.)