

2/3/45

Free

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.)

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.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200

16 092891

FILE No.—For State Registrar Only

00076

Registered No. _____
(For use of Local Registrar)

Ward) _____

2. FULL NAME OF CHILD

Charles Alexander Moseley

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

3. Boy or Girl

If Plural births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of birth

Aug. 21, 1916
(Month, day, year)

5. Number, in order of birth.....

Full term yesMarried? yes

9. Full name

FATHER

Fred Harley Moseley

18. Name before marriage

MOTHER

Marie Lillian Emery

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 21 (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

17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work

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.

Given name added from a supplementary report.....

(Date of) _____

Registrar.

(Signed)

Fred. H. Moseley Parent

or

Aiken, S.C. Guardian

Address

P. O. Box 4

Filed

2/8

, 1945

L. A. Riser, M. D.

Registrar.

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