

(1) PLACE OF BIRTH

County of Cherokee
Township of Chilly Branch
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5652

Registration District No. 203 Registered No. 12
(For use of Local Registrar)

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

(2) Full Name of Child Catherine Mosby

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 23 (7) DATE Nov 15 23
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rossie Mosby

(9) PRESENT POSTOFFICE OF FATHER Wagoner

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE J. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Linda Blessingale

(15) PRESENT POSTOFFICE OF MOTHER Wagoner

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE J. C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Chilly at 6:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. Jones

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wagoner

Given name added from a supplemental report

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

(27) Filed Nov 20 23 (28) Ed Rowf 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.