

(1) PLACE OF BIRTH
County of Anderson
Township of

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

File No. — for State Register Only
3841

Ina. Town of

City of Anderson (No. 119 Biggs St. Cambridge)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Leroy Mobley If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 27 (Name of Month) (Day) (Year)

FATHER.
FULL NAME Leroy W. Mobley
PRESENT POSTOFFICE OF FATHER Anderson S.C.
COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Anderson S. C.
OCCUPATION Certified
Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Deann Brooy
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Anderson S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) [Signature]
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Anderson S.C.

Name added from a supplemental report
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.....
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
[Signature]
(27) Filed Jan. 10, 1924 (28) ANDERSON S.C.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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