

(1) PLACE OF BIRTH

County of SumterTownship of Magnolia

Inc. Town of

City of

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child. Roberson Moses

File No.—For State Registrar Only

66396

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4102 Registered No. 72

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 9, 1916

(Name of Month) (Day) (Year)

FATHER.

9) FULL NAME

Wivian Moses

(10) PRESENT POSTOFFICE OF FATHER

Magnolia

(11) COLOR OR RACE

Colored

(12) AGE AT LAST BIRTHDAY

20

(Years)

(13) BIRTHPLACE

McBride Plantation

(14) OCCUPATION

Farmer

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

One

MOTHER.

(16) NAME BEFORE MARRIAGE

Rozetta Benn

(17) PRESENT POSTOFFICE OF MOTHER

Magnolia St

(18) COLOR OR RACE

Colored

(19) AGE AT LAST BIRTHDAY

16

(Years)

(20) BIRTHPLACE

McBride Plantation

(21) OCCUPATION

Farmer

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was alive at 11 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature)

Rozetta Benn

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

MidwifeMagnolia St

Given name added from a supplemental report

(27) Witness

S. J. Blackwell

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

(28) Filed

July 11, 1916

(29)

W. G. Thomas

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.

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NEVER IN REGISTRATION, EVEN IN THE CASE OF TWINS, IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD WITH PENCIL. WITH UNPAID FOR TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD WITH PENCIL. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD WITH PENCIL. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD WITH PENCIL.