CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 40084

(1) PLACE OF BIRTH

County of Edgefield S.C.

Township of Pickens

or

Inc. Town of .....

or

City of .....

Registration District No. 1808. Registered No. 46 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Lorenz Mosley Samuel If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy. (4) Twin or Triplet? only one (5) Number in order of birth one (6) Are Parents Married? Yes. (7) DATE OF BIRTH Dec. 24, 1923. (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	King Samuel	(14) NAME BEFORE MARRIAGE	Lula Mosley
(9) PRESENT POSTOFFICE OF FATHER	Edgefield S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Edgefield S.C.
(10) COLOR OR RACE	Black (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE	Black. (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE	Edgefield S.C.	(18) BIRTHPLACE	Edgefield S.C.
(13) OCCUPATION	farming	(19) OCCUPATION	farming
(20) Number of children born to mother, including present birth	one	(21) Number of children of this mother now living, including present birth	one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Dec. 24 at 9 o'clock M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Arra Simkins

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 1/10/ 1924 (28) [illegible] 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Before of Columbia, Columbia, S. C.