Form No. 1.

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(1) PLACE OF BIRTH

County of Beaufort

Township of ....

or

Inc. Town of ....

or

City of ....

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

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
84423

Registration District No. 6A ... Registered No. 56
(For use of Local Registrar)

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

(2) Full Name of Child Mossie Brown Mouzon

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 8, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Earl Mouzon

(9) PRESENT POSTOFFICE OF FATHER Beaufort

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Columbus Ga

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Edna Brown

(15) PRESENT POSTOFFICE OF MOTHER Beaufort S C

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Bamberg County

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or 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 Nov 11 1916 (28) J. L. Rowe
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.

McGaw of Columbia, Columbia, S. C.
FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., IN CHRONOLOGICAL ORDER.