

(1) PLACE OF BIRTH

County of **Spartanburg**Township of **Spartanburg**

Inc. Town of

City of **Spartanburg**

(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

Registration District No.

Registered No.

(For use of Local Registrar)

(No. **175 N. Fairview St.** Ward **4**)(2) Full Name of Child **Mabel Emily Moss**

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

(a) BOY OR GIRL Girl	(c) Top or Right ONE	(d) Number in order of birth	(e) Are Twins Yes	(f) DATE OF BIRTH March 26 1923 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(a) FULL NAME Charles A. Moss Jr.			(1a) NAME BEFORE MARRIAGE Jessie Louise Nuckenfuss	
(b) PRESENT RESIDENCE OF FATHER Spartanburg S. C.			(1b) PRESENT RESIDENCE OF MOTHER Spartanburg S. C.	
(1a) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 22 (Years)	(1b) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 21 (Years)	
(1b) BIRTHPLACE Elberton Ga.			(1b) BIRTHPLACE Spartanburg S. C.	
(1b) OCCUPATION Florist			(1b) OCCUPATION Housewife	
(1b) Number of children born to mother, including present birth First			(1b) 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 **alive** **10:30** A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *L. B. ...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed **5-1-23**(28) *...*

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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