

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of

or
City of Columbia
(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

87112

Registration District No. 34-2 Registered No. 324
(For use of Local Registrar)

(2) Full Name of Child

Mosley } 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 4
To be numbered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willow Mosley

(9) PRESENT POSTOFFICE OF FATHER 1231 Laurel

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
(Years)

(12) BIRTHPLACE 63

(13) OCCUPATION Chf. Postoffice

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Arment

(15) PRESENT POSTOFFICE OF MOTHER 1231 Laurel

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE P.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature] (25) Address of Physician or Midwife [Address]
(24) State whether Physician or Midwife

Given name added from a supplemental report

..... 191.....
.....
Registrar

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

(27) Filed Nov 12 1916 (28) William [Signature]
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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fifth month of pregnancy.

THIS IS A PERMANENT RECORD. SEPARATE BLANK FOR EACH CHILD, AND MARK THE APPROPRIATE SPACES. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK, No. 2, etc. IN QUESTION 5. FIRST-BORN, No. 1. THE OTHER, No. 2, etc. IN QUESTION 5. McCay, of Columbia.