

Form No. 1

(1) PLACE OF BIRTH

County of

Township of *Wet. ...*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4514

Registration District No. *2314*Registered No. *16*
(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 *James Melvin Mossitt*

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

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <i>ye</i>	7) DATE OF BIRTH <i>Jan 27, 1922</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *John Mossitt*(9) PRESENT POSTOFFICE OF FATHER *Marl Shoals*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *37*
(Years)(12) BIRTHPLACE *Spauldingburg*(13) OCCUPATION *Inten Milk*(20) Number of children born to mother, including present birth *1...3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Minnie Brooks*(15) PRESENT POSTOFFICE OF MOTHER *Marl Shoals*(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *22*
(Years)(18) BIRTHPLACE *Sanister*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1...2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 a* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. B. ...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Marl Shoals*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Mar 22, 1922* (28) *John R. Butte*
Registrar 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 mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MADE BY COLUMBIA, COLUMBIA, S. C.