

## (1) PLACE OF BIRTH

County of Charleston.....Township of Charleston....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

27611

Registration District No. 10004. Registered No. 24.....

(For use of Local Registrar)

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

(2) Full Name of Child Winnifred G. Moss

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parent Married Yes(7) DATE OF BIRTH Sept 8 1923  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Moss(9) PRESENT POSTOFFICE OF FATHER Charleston S.C. 5th Ward(10) COLOR OR RACE M(11) AGE AT LAST BIRTHDAY 16  
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Joseph Smith(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C. 5th Ward(16) COLOR OR RACE M(17) AGE AT LAST BIRTHDAY 23  
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour of day or P. M.)(23) (Signature) Victor M. Roberts

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

Garnie Fairley  
Jan 4 1924  
Registrar

(26) Witness .....

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

(27) Filed 6.05.12 1923 (28) J. O. C. Coburn 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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