

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of *Oconee*

Township of

or Inc. Town of *Wachula*

City of

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

(2) Full Name of Child

Jessie Marie Moss

No. 1.—For State Registrar Only

39524

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3-5-6*

Registered No. *1-64*
(For use of Local Registrar)

St. Ward

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

(3) SEX OF CHILD
GIRL *girl*

(4) Twin or Triplet?
To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Nov 5, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James M Moss*

(9) PRESENT POSTOFFICE OF FATHER *Wachula*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *53*
(Years)

(12) BIRTHPLACE *Richland Oconee Co*

(13) OCCUPATION *Insurance*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Catherine E. Sharpe*

(15) PRESENT POSTOFFICE OF MOTHER *Wachula S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *40*
(Years)

(18) BIRTHPLACE *Anderson Co S.C.*

(19) OCCUPATION *Housewife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10:15 A.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. B. Bell M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Wachula S.C.*

Given name added from a supplemental report

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

(27) Filed *Nov 6, 1922* (28) *R. G. Myers* 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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