

Form No. 1.

(1) PLACE OF BIRTH  
County of Richmond  
Township of 4th  
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  
**79580**

Registration District No. 4202 Registered No. 36  
(For use of Local Registrar)  
St.; ..... Ward  
City of .....  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Virginia Lee Mobley  
(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 29 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Jack Carlisle Mobley  
(9) PRESENT POSTOFFICE OF FATHER Whitman, S.C. R.R.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE Union City  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { ..... 3 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE E. Lee  
(15) PRESENT POSTOFFICE OF MOTHER Whitman, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Union City, S.C.  
(19) OCCUPATION Housework  
(21) 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 2 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Woods M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Whitman, S.C.

Given name added from a supplemental report  
July 24 1917  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 29 1916 (28) J. R. Mobley 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.

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 1.  
McClaw, of Columbia.