

FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Aiken</u></p> <p>Township of</p> <p>OR</p> <p>Inc. Town of</p> <p>OR</p> <p>City of <u>Aiken</u></p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>24447</p>
<p>(2) Full Name of Child <u>J. S. Mobley</u></p>		<p>Registration District No. <u>2A</u> Registered No. <u>43</u></p> <p>(For use of Local Registrar)</p>		
<p>3) BOY OR GIRL? <u>Boy</u></p>	<p>4) Twin or Triplet? <u>No</u></p> <p>To be answered only in event of Twins or Triplets</p>	<p>5) Number in order of birth <u>1</u></p>	<p>6) Are Parents Married? <u>yes</u></p>	<p>7) DATE OF BIRTH <u>Aug. 7, 1922</u></p> <p>(Name of Month) (Day) (Year)</p>
<p>FATHER.</p> <p>8) FULL NAME <u>Johnnie Mobley</u></p> <p>9) PRESENT POSTOFFICE OF FATHER <u>Aiken, S.C.</u></p> <p>10) COLOR OR RACE <u>Colored</u></p> <p>11) AGE AT LAST BIRTHDAY <u>32</u></p> <p>(Years)</p> <p>12) BIRTHPLACE <u>Edgefield SC</u></p> <p>13) OCCUPATION <u>Farming</u></p> <p>20) Number of children born to mother, including present birth <u>9</u></p>		<p>MOTHER.</p> <p>14) NAME BEFORE MARRIAGE <u>Lillie Hill</u></p> <p>15) PRESENT POSTOFFICE OF MOTHER <u>Aiken, S.C.</u></p> <p>16) COLOR OR RACE <u>Colored</u></p> <p>17) AGE AT LAST BIRTHDAY <u>30</u></p> <p>(Years)</p> <p>18) BIRTHPLACE <u>Edgefield SC</u></p> <p>19) OCCUPATION <u>Laundry</u></p> <p>21) Number of children of this mother now living, including present birth <u>3</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p> <p>(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>120</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p> <p>(23) (Signature) <u>Maria Baker</u></p> <p>(24) State whether Physician or Midwife <u>Midwife</u></p> <p>(25) Address of Physician or Midwife <u>Sumter St</u></p> <p>Given name added from a supplemental report</p> <p>19 <u>Aug. 12, 1922</u> Registrar</p> <p>(26) Witness</p> <p>(Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>Aug. 12, 1922</u> (28) <u>M. Ashurst</u> Local Registrar.</p> <p>*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.</p>				

per H. P. Ashurst