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(1) PLACE OF BIRTH

County of Chester
Township of Lewisville
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

41587*

Registration District No. 1106 Registered No. 134
(For use of Local Registrar)

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

(2) Full Name of Child Leroy Mobley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Mobley
(9) PRESENT POSTOFFICE OF FATHER Chester #5 D.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE D.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Beaty
(15) PRESENT POSTOFFICE OF MOTHER Chester #5 D.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE Fairfield Co
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 M., on the date above stated. (Born alive or stillborn) (Hour—M. or P.M.)

(23) (Signature) Emma Woods (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rodman R.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Signed Jan 2 1924 (28) J. H. Hallie Local Registrar.

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths occurring within the fifth month of pregnancy.