

## (1) PLACE OF BIRTH

County of Charleston  
 Township of 15  
 or  
 Inc. Town of Monticello  
 or  
 City of 5

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**32083**

Registration District No. 151Registered No. 47  
(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

Moham

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

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 16 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James M. M. M.(9) PRESENT POSTOFFICE OF FATHER Strother(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 28  
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Sally M. M.(16) PRESENT POSTOFFICE OF MOTHER Strother(17) COLOR OR RACE B (18) AGE AT LAST BIRTHDAY 28  
(Year)(19) BIRTHPLACE SC(20) OCCUPATION Ref 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:00 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. W. M. (24) State whether Physician or Midwife Midwife

Given name added from a supplement-  
 tal report

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

(26) Filed SC 1/1 1923. (27) C. J. M. L. 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.