

(1) PLACE OF BIRTH

County of *Hampton*  
Township of *Peeples*  
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  
90296

Registration District No. *2402* Registered No. *284*  
(For use of Local Registrar)

(No. *283* St.; *283* Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *James Edward Mosley* (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 25 1916*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Rale Mosley*

(9) PRESENT POSTOFFICE OF FATHER *Hampton R.D.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *45*  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION *Farming*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Mrs Mulley Mosley*

(15) PRESENT POSTOFFICE OF MOTHER *Hampton R.D.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *38*  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION *House work*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Katie News-Midwife*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Brouson Rd*

Given name added from a supplemental report

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

(27) Filed *July 30 1916* (28) *J.W. Rogers* Local Registrar

\*When there was no attending physician or midwife, even 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.

MCCAW OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 1.