

McGAW OF COLUMBIA, COLUMBIA, S. C.

(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)
St.; 283 Ward)

(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? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Kale 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. Muley 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 Brown R.D.

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
Registrar. 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.