

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Spartanburg  
or  
Inc. Town of Spartanburg  
City of Spartanburg  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registry Only

19252

Registration District No. 4008.

Registered No. 176  
(For use of Local Registrar)

(No. R 1

St. No. 184; Ward)

(2) Full Name of Child

3 BOY OR  
GIRL girl  
(4) Date  
of Birth  
To be answered only in event of Twins or Triplets

(5) Number in  
order of birth

(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH June 8, 1925  
(Name of Month) (Day) (Year)

FATHER.

8 FULL  
NAME Clarence Moss

9 PRESENT  
POSTOFFICE  
OF FATHER Spartanburg R 1 S C

10 COLOR  
OR  
RACE white

(11) AGE AT LAST  
BIRTHDAY 38  
(Years)

12 BIRTHPLACE S C

13 OCCUPATION

Employer at Pump Station

14 Number of children born to  
mother, including present birth

7

MOTHER.

(14) NAME BEFORE  
MARRIAGE Pearl Rhinehart

(15) PRESENT  
POSTOFFICE  
OF MOTHER Spartanburg R 1 S C

(16) COLOR  
OR  
RACE white

(17) AGE AT LAST  
BIRTHDAY 31  
(Years)

(18) BIRTHPLACE S C

(19) OCCUPATION

Houswife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was alive at 9 a.m.  
on the date above stated.

(Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature)

(23) State whether Physician or Midwife

W.H. Chapman

(24) Address of Physician or Midwife

They Whitney S.C.

Gives same added from a supplemental report

(25) WITNESS

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

(26) FILED

July 7, 1925. (27) 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.

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