

USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee

Township of

OR
Inc. Town of Blaensburg

OR
City of

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

(2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 6, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leon Marye

(9) PRESENT POSTOFFICE OF FATHER Blaensburg

(10) COLOR OR RACE Blon (11) AGE AT LAST BIRTHDAY 30
(Year)

(12) BIRTHPLACE SB

(13) OCCUPATION Carpenter R.R.

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Adel Woods

(15) PRESENT POSTOFFICE OF MOTHER Blaensburg

(16) COLOR OR RACE Blon (17) AGE AT LAST BIRTHDAY 26
(Year)

(18) BIRTHPLACE SB

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victor M. Beets

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed 1-10-23 (28) Geo. A. Robert 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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CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

41466

Registration District No. 1000-a Registered No. 119
(For use of Local Registrar)