

(1) PLACE OF BIRTH

County of Richland

Township of Columbia

or
Inc. Town of
or
City of

(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 Registrar Only

36162

Registration District No. 3502a Registered No. 20

(For use of Local Registrar)

2) Full Name of Child Emberlich Mobby } 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 Oct 3 1943 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jayley Mobby

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Langston

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nannie Bagley

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Langston

(19) OCCUPATION Keep house

(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 at birth at Langston M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. A. Bell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rt 3

Given name added from a supplemental report

KAR esm
affid 9/28/43
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Detrow (28) L. M. Taylor 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.

before the fifth month of pregnancy.

FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.

County of Columbia