

No. 1

(1) PLACE OF BIRTH

County of St. Charles
Township of Meriwether
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

4027

Registration District No. 1876

Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Sarah Mobley

If child is not yet named, make supplemental report as directed

(3) SEX-OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth -
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peter Mobley
(9) PRESENT POSTOFFICE OF FATHER St. Charles S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Nona Bell Freeman
(15) PRESENT POSTOFFICE OF MOTHER St. Charles S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farming
(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Charles A. Abrahams

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife St. Charles S.C.

Given name added from a supplemental report

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

(27) Filed Feb 12 1922 (28) E. J. Zimmerman 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.

NOTES:—In case of twins or triplets, give name of each child, and mark the first-born. In case of stillbirths, give date of death. In case of deaths within 24 hours of birth, give date of death. In case of deaths after 24 hours of birth, give date of death. In case of deaths after 24 hours of birth, give date of death.