

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Chesler
Township of Chesler
OR
Inc. Town of Lowryville
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

88969

Registration District No. 1102 Registered No. 101
(For use of Local Registrar)

(2) Full Name of Child William Abell Moser { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Ross Moser
(9) PRESENT POSTOFFICE OF FATHER Lowryville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE N. C.
(13) OCCUPATION Contractor
(20) Number of children born to mother, including present birth { 2

MOTHER

(14) NAME BEFORE MARRIAGE Annis Lovz Abell
(15) PRESENT POSTOFFICE OF MOTHER Lowryville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Lowryville S.C.
(19) OCCUPATION House wife
(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 3:50 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. McKe...
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chesler S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 10 1916 (28) James Hance 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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