

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Aiken  
Township of Silverton  
or  
Inc. Town of Ellenton  
or  
City of Ellenton

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 210

16 092866

FILE No.—For State Registrar Only

03837

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

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

2. FULL NAME OF CHILD Carwell Mobley { If child is not yet named, make supplementary report as directed.

3. Boy or Girl boy If Plural Births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth Jan 28 1916  
(Month, day, year)

9. Full name Penny Mobley FATHER

18. Name before marriage Mattie Hedrick MOTHER

10. Residence (mailing address) Ellenton  
(If non-resident, give place and State)

19. Residence (mailing address) Ellenton  
(If non-resident, give place and State)

11. Color or race col 12. Age at last birthday 26 (years)

20. Color or race col 21. Age at last birthday 15 (years)

13. Birthplace (city or place) Aiken  
(State or country)

22. Birthplace (city or place) Georgia  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawmill

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. worker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work 1916 17. Total time (years) 34 spent in this work

25. Date (month and year) last engaged in this work 1916 26. Total time (years) 22 spent in this work

27. Number of children of this mother (At time of birth and including this child) 9 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 P m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date. \_\_\_\_\_  
(Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_  
(Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report \_\_\_\_\_  
(Date of)

(Signed) \_\_\_\_\_, M. D.  
or Lavinia Bowes Midwife

Address Ellenton

Filed Dec 3, 1942 Ann Belle Local Registrar

State Registrar