

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**88982**

(1) PLACE OF BIRTH  
 County of Lecheater  
 Township of Hazelwood  
 or  
 Inc. Town of .....  
 or  
 City of ..... (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 Moyelle Stroud { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH—June, 17, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Stroud  
 (9) PRESENT POSTOFFICE OF FATHER Cornwell Se. R.F.D.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Lecheater County  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Amanda Mobley  
 (15) PRESENT POSTOFFICE OF MOTHER Cornwell Se. R.F.D.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Lecheater County  
 (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 Born alive at 7 P. M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Mary Frances Gladden  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cornwell R.F.D.

Given name added from a supplemental report

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

(27) Filed Jan 8, 1917. (28) M. A. Gladden  
 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.

MARGIN RESERVED FOR BINDING.  
 WRITE 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.