

PLACE OF BIRTH
City of Charleston

or
Town of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
FULL NAME OF CHILD Mose Alonzo Peters

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 9a Registered No. 1137-CR

(For use of Local Registrar)

(No. 18 Beresford St. Ward)

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

1. Sex Boy 2. If Plural 1 3. Twin, triplet, or other 1 4. Premature 1 5. Legitimate Yes 6. Date of birth Aug 10 1922
7. Full term 1 8. (Month, day, year)

FATHER Mose Peters MOTHER Rosa Ancrum
18. Full maiden name Rosa Ancrum

19. Residence (usual place of abode) City
(If nonresident, give place and State)

20. Color or race Col. 21. Age at last birthday 21 (Years)

22. Birthplace (city or place) Charleston SC
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. at Home

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

25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work 19

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

28. 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 born alive at 5a m. on the date above stated (Born alive or stillborn)

(Signed) Louisa Washington, M. D.
or Louisa Washington, Midwife

Address Anna T. P. P. Registrar

Filed 9/23 1930

Registrar.

OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25081

of Chas.Registration District No. 9ARegistered No. 1137
(For use of Local Registrar)

Birth occurs in a hospital or other institution, give name of same, instead of street and number.

Name of Child Moses Alonzo Peters (No. 18 Berkeley St. Ward)
If child is not yet named, make supplemental report as directed

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Aug. 10, 1922
(Name of Month) (Day) (Year)

FATHER.

Moses PetersChas.(11) AGE AT LAST BIRTHDAY 22
(Years)Chas. O.C.

ON

Labourchildren born to
including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Brown(15) PRESENT POSTOFFICE OF MOTHER Chas.(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:30 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Lansing Washington

(23) (Signature)

(24) State whether Physician or Midwife M. W.(25) Address of Physician or Midwife 13 West St.

added from a supplemental report

(26) Witness Ruby Schwartz

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

(27) Filed 8/14/22

(28)

Local Registrar.

19 22
RegistrarWhen 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.

after month of pregnancy.

HEALTH

OLINA)
TON (

PERSONALLY appeared before me, Emma G. Pregnall, a Notary

Public of South Carolina, Rosa Peters who being duly sworn

deposes:- that SHE is a resident of the City of Charleston, County and

State aforesaid; that SHE is the MOTHER of Mose Alenze Peters

who was born on Aug. 10, 1922 in the City of Charleston,

that the birth was recorded incorrectly, and -
State and County aforesaid; that SHE has given the answers as set

forth on the Attached Return of Birth, and that the same are true and

correct. Rosa Peters L.S.

WITNESSE to before me this

4th day of Sept. A.D. 1930

Emma G. Pregnall

Notary Public, S.C. My commission expires at the will of the Governor.

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.

REGISTRAR (27) Filed 8/14/30 Local Registrar
HEAL