

WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.  
M. 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, 3, 4, etc. In question 3

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lancaster's</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		4331	
Township of <u>Lancaster</u>		Registration District No. <u>218C</u>		Registered No. <u>13</u>	
City of <u>Lancaster</u>		(No. <u>218C</u> )		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>218C</u> )		(Ward)	
(2) Full Name of Child <u>Gussamobley</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>no</u>	(5) Are Parents Married? <u>no</u>	(6) DATE OF BIRTH <u>2-26-23</u>		
			(Name of Month) (Day) (Year)		
(8) FULL NAME <u>W. J. Mobley</u>			MOTHER.		
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster SC</u>			(14) NAME BEFORE MARRIAGE <u>passion garris</u>		
(10) COLOR OR RACE <u>colord</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster SC</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u>			(16) COLOR OR RACE <u>colord</u>		
(12) BIRTHPLACE <u>Lancaster SC</u>			(17) AGE AT LAST BIRTHDAY <u>21</u>		
(13) OCCUPATION <u>public work</u>			(18) BIRTHPLACE <u>Lancaster County</u>		
(20) Number of children born to mother, including present birth <u>1 2</u>			(19) OCCUPATION <u>day labor</u>		
(21) Number of children of this mother now living, including present birth <u>1 2</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6:30 M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary J. Witherspoon</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Lancaster SC</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>2-28-23</u> (28) <u>J. J. Harrison</u> 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.					