(1) PLACE OF BIRTH

County of Cherokee

Township of Cherokee
or
Inc. Town of .....
or
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
25322

Registration District No 1000.a Registered No. 74
(For use of Local Registrar)

(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 _____ {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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 7, 1922. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Ambros Moss

(9) PRESENT POSTOFFICE OF FATHER Cherokee Falls, S. C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Cherokee Co., S. C.

(13) OCCUPATION Cotton Mill Operative

(20) Number of children born to mother, including present birth {Four (4).

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Lucinda Wilson

(15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls, S. C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Cherokee Co., S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth {Four (4).

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:10 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. L. Kelly M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Blacksburg, S. C.

Given name added from a supplemental report

.....

....., 19 .... Registrar

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

(27) Filed 9-1 1922 (28) Geo. A. Roberts 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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McCAW OF COLUMBIA, COLUMBIA, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.