

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

31808

(1) PLACE OF BIRTH

County of Orangeburg
Township of Fair Play
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 305 Registered No. 147
(For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD <u>boy</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>Sept 22 1920</u>
(7) FATHER'S NAME <u>Jim & Pearl</u>		(8) MOTHER'S NAME <u>Willie Shirley</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Fair Play</u>		(10) PRESENT RESIDENCE OF MOTHER <u>Fair Play</u>	
(11) COLOR OF CHILD <u>White</u>		(12) COLOR OF MOTHER <u>White</u>	
(13) BIRTHPLACE <u>SC</u>		(14) BIRTHPLACE <u>SC</u>	
(15) OCCUPATION		(16) OCCUPATION <u>domestic</u>	
(17) Number of children born to mother, including present birth <u>1</u>		(18) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was.....
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(20) (Signature) Dr. W. C. Mose
(21) State whether Physician or Midwife

Given name added from a supplemental report

(22) Witness (Signature of witness necessary only when question 22 is signed by mark)
(23) Signed W. C. Mose (24) Address of Physician or Midwife
Fair Play

When there was no attending physician or midwife, then the father, householder, etc., should make report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

RECEIVED SEPTEMBER 22 1920
VITAL STATISTICS
STATE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH
COLUMBIA, S. C.