

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 Inc. Town of _____
 or _____
 City of Spartanburg

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

File No. - For State Registrar Only
12786

Registration District No. 40-a Registered No. 173
 (For use of Local Registrar)

St. _____ Ward _____
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
General Hospital

(2) Full Name of Child Daniel DeRe Moseley 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 ✓ (6) Are Parents Married? Yes. (7) DATE OF BIRTH March 27, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carlos Roland Moseley
144 Wofford Campus
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE Lawrence, S.C.
 (13) OCCUPATION Missouri State Life Ins. Co.
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Kelan Allerton DePre
144 Wofford Campus
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)
 (18) BIRTHPLACE Spartanburg, S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
 (23) (Signature) James L. J. Davis M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name of child from a supplement and report
M. T. W.
7/6/42 19 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
5-1-22 19 _____ (27) Jan. Cooper Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make his 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.

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.