

(1) PLACE OF BIRTH

County of *Aiken*Township of *Langley*Inc. Town of *Langley*City of *Langley*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
5685Registration District No. *2179*Registered No. *32*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Jessie Benjamin Mobley*

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

(3) BOY OR GIRL? *Boy*(4) Sex *Male*(5) Number in order of birth *one*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Feb 30 23*

(Name of Month) (Day) (Year)

(8) FULL NAME *J.D. Mobley*(14) NAME BEFORE MARRIAGE *Lucy Morris*(9) PRESENT POSTOFFICE OF FATHER *Langley SC*(15) PRESENT POSTOFFICE OF MOTHER *Langley*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *37*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *27*(12) BIRTHPLACE *Batesburg SC*(18) BIRTHPLACE *Aiken SC*(13) OCCUPATION *Barber*(19) OCCUPATION *House Wife*(20) Number of children born to mother, including present birth *one*(21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* as *7* *9* M., on the date above stated. (Use *born* or *stillborn*) (Hour, A. M. or P. M.)(23) (Signature) *J. Harrison*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Langley SC*

(26) Given name added from a supplemental report

(26) Witness

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

(27) Filed *April 2, 1923*(28) *J. H. Scratley*

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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