

Each of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD; and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Chester
Township of Chester
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

3620

Registration District No. 1102 Registered No. 22
(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 Lunetta Florida Mobley If child is not yet named, make supplemental report as directed

(3) SEX Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age at birth 1 (7) DATE OF BIRTH Jan 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Garfield Mobley
(9) PRESENT POSTOFFICE OF FATHER Chester R# 5
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42
(12) BIRTHPLACE Chester Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 12

MOTHER.
(14) NAME BEFORE MARRIAGE Edie Mobley
(15) PRESENT POSTOFFICE OF MOTHER Chester R# 5
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36
(18) BIRTHPLACE Chester Co
(19) OCCUPATION House wif
(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11:55 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) A. M. Wyke

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

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

(27) Filed Jan 22 19 22 (28) 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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