

WITH PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN No. 1. THE OTHER, No. 2, etc., in question 5.

McGRAW-HILL, COLUMBIA, N. Y.

(1) PLACE OF BIRTH

County of Kershaw, S. C.  
Township of Duffalo  
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

15414

Registration District No. 2700 Registered No. 64  
(For use of Local Registrar)

(2) Full Name of Child

William Buford Mosley

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Mosley

(9) PRESENT POSTOFFICE OF FATHER

Kershaw, S. C. P. O. #16

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Sue Spradley

(15) PRESENT POSTOFFICE OF MOTHER

Kershaw, S. C. P. O. #16

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28  
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

Four (4)

(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... Alive... at 11:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Brown

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Kershaw, S. C. P. O. #16

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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Registrar

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.