

Form No 1.

(1) PLACE OF BIRTH
 County of York
 Township Centerville
 or
 Inc. Town of
 or
 City of Rock Hill
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 144 B Registered No. 184
 (For use of Local Registrar)
 (No. Victoria St.: Wood)
 (2) Full Name of Child Minnie Excell Moss If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Girl (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 19 1905
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charlie Alvin Moss
 (9) PRESENT POSTOFFICE OF FATHER Victoria Mill City
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Victoria Mill Operative
 (20) Number of children born to mother, including present birth 1
 MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Simon
 (15) PRESENT POSTOFFICE OF MOTHER "
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born at 3:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
 (23) (Signature) L. J. Gray
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by blank)
 (27) Filed 1/11 1906 (28) J. R. Miles Local Registrar

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

MARGIN RESERVED FOR READING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
 Care of Columbia.