

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Blackburgor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17077

Registration District No. 1000A Registered No. 66

(For use of Local Registrar)

(2) Full Name of Child Margie Moss

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

(3) BOY OR GIRL Girl (4) Twin or Triplet To be covered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH June 17, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. R. Moss(9) PRESENT POSTOFFICE OF FATHER Daffney SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE Blackburg SC(13) OCCUPATION Supr Cotton mill(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Cordner(15) PRESENT POSTOFFICE OF MOTHER Blackburg SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Daffney SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive... at... 10:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eugene J. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife 144 ...

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 4, 1923 (28) G. W. A. ... 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.Registrar 1

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.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. THE OTHER, No. 2, etc., in question 1.

McCAM of Columbia, Columbia, S. C.

N. B.