

(1) PLACE OF BIRTH

County of Sunderland
 Township of Hartley
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
12845

Registration District No. 309 Registered No. 28
 (For use of Local Registrar)

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

(2) Full Name of Child Jellie Belle Ross If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH 5-13 to 23
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Moss
 (9) PRESENT POSTOFFICE OF FATHER Tra # 4
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37
 (Year) (12) BIRTHPLACE Sunderland Co.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Amanda Blair
 (15) PRESENT POSTOFFICE OF MOTHER Tra # 4
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32
 (Year) (18) BIRTHPLACE Sunderland Co.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at 6:25 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. C. Wilford

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Sunderland Co.

Given name added from a supplemental report

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

(26) June 20 1923 (27) R. P. Robinson 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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Will (Luh) # 4