

## (1) PLACE OF BIRTH

County of AikenTownship of Shaw

Inc. Town of .....

City of .....

(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

24508

Registration District No. 211 Registered No. ....

(For use by Local Registrar)

(2) Full Name of Child Carrie Bell Mason

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 1, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Edoska Mason

(9) PRESENT POST-OFFICE OF FATHER

Aiken R F d

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Aiken County.

(13) OCCUPATION

Farming

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

{ 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Donaldson

(15) PRESENT POST-OFFICE OF MOTHER

Aiken R F d

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

22  
(Years)

(18) BIRTHPLACE

Aiken County.

(19) OCCUPATION

House wife

(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 alive at 5 P.M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Lera Mason mid wife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Aiken S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed Aug. 4, 1922 (28) M. F. Marton

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.