

FORM NO. 1.

50441

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

File No.—For State Registrar Only
50434

(1) PLACE OF BIRTH
County of Spurlock
Township of Duck Spring
or
Inc. Town of
or
City of

Registration District No. 4000 Registered No. 32
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joe. Wood McMas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 21st 1916</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Henry J. McMas</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Alma Wood</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Duncan</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Duncan</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>49</u> (Year)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>40</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma, at 3:10 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)
J. C. Moore

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 21st 1916

(28)

J. C. Moore
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia