

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

No. **7017**

County of Greenville
 Township of
 or
 Inc. Town of
 or
 City of Greenville (No. 45 Carry)

Registration District No. 32A

Registered No. 114
 (For use of Local Registrar)

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

(1) Full Name of Child Dr. Quincy Mason

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

(2) SEX OF CHILD Male (3) Date of Birth Nov 4 1923
 (4) Time of Birth To be entered only in case of Twins or Triplets (5) Age of Child 1 day
 (6) Name of Month (Day) (Year)

FATHER

(7) Full Name Quincy P. Mason
 (8) Present Postoffice of Father Greenville S.C.
 (9) Color or Race White (10) Age at Last Birthday 31
 (11) Birthplace La.
 (12) Occupation Auto Sales Mgr.

MOTHER

(13) Name before Marriage Quincy P. Mason
 (14) Present Postoffice of Mother Greenville S.C.
 (15) Color or Race White (16) Age at Last Birthday 1
 (17) Birthplace La.
 (18) Occupation Domestic

(19) Number of children born to mother, including present birth 1
 (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 Male on the date above stated. (These alive or stillborn) (Hour A. M. or P. M.)

(22) Signature of Physician or Midwife Quincy P. Mason
 (23) Address of Physician or Midwife

Given under my hand and seal of office this 4th day of November 1923

Witness my hand and seal of office this 4th day of November 1923

When there was no physician or midwife present, the birth should be reported to the Bureau of Vital Statistics by the mother or father.