

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

26777

Inc. Town of Registration District No. 100 Registered No. 57
(For use of Local Registrar)City of (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 Hubert Masely } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 29, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Masely
(9) PRESENT POSTOFFICE OF FATHER Abbeville SC R749
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 42
(Years)
(12) BIRTHPLACE B C(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Hannie Masely
(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC R749
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 38
(Years)
(18) BIRTHPLACE B C(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 5 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Harris
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Abbeville SC

Given name added from a supplemental report

(26) Witness E. Pressley
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 1, 1923 (28) E. Pressley
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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