

Form No. 1

(1) PLACE OF BIRTH

County of Clemenden  
Township of St. James  
of  
Inc. Town of ..  
of  
City of ..

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**3489**

Registration District No. 1309 Registered No. .... 5  
(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 Emmie Mason If child is not yet named, make supplemental report as directed

(3) SEX girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 7 23  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Frank Mason  
(9) PRESENT POSTOFFICE OF FATHER Davis St. S.C.  
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22  
(Year)  
(12) BIRTHPLACE Clemenden S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Sarah Mason  
(15) PRESENT POSTOFFICE OF MOTHER Davis St. S.C.  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20  
(Year)  
(18) BIRTHPLACE Clemenden S.C.  
(19) OCCUPATION Home & Social  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Emmie ... at 5 30 P.M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Bullard  
(24) State number of Physician or Midwife 1407 (25) Address of Physician or Midwife Davis St. S.C.

(Given name added from a supplemental report)  
.....  
.....  
.....  
19 ..  
Registrar

(26) Witness S. E. Pillsbury  
(Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed Feb 28 1923 (28) S. E. Pillsbury  
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.

Prescribed by No. 1 THE OTHER, No. 2, etc. in question 5  
Bureau of Statistics, Columbia, S. C.