

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofCity of Sumter

(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

50551

Registration District No. 41A Registered No. 19

(For use of Local Registrar)

(No. Wentworth St.; 3 Ward)(2) Full Name of Child Mrs. Maud Mason

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12</u> 19 <u>16</u>
				(Name of Month) (Day) (Year)

(8) FULL NAME <u>Maud</u>	FATHER.	MOTHER.
<u>Maud Mason</u>		<u>Rhena Simon</u>

(9) PRESENT POSTOFFICE OF FATHER <u>Kishville St.</u>	(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>
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(10) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
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(12) BIRTHPLACE <u>Sumter</u>	(18) BIRTHPLACE
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(13) OCCUPATION	(19) OCCUPATION <u>Ironing</u>
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(20) Number of children born to mother, including present birth <u>1.2</u>	(21) Number of children of this mother now living, including present birth <u>1.1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. E. Jones

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

MidwifeSumter SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 18 1916 (28) W. J. McKee

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.

WHEN PRESENT, WRITE IN SPACING INK—THIS IS A PREPARED FORM—USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.