

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

64803

Township of Dorchester
 or
 Inc. Town of Registration District No. 2502 Registered No. 29
 or
 City of (For use of Local Registrar)

(2) Full Name of Child Mitchel Asbury Masterson (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Sex Male (If not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Richard Masterson</u>	(14) NAME BEFORE MARRIAGE <u>Julia Graham</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Dorchester</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dorchester</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Horry Co. S.C.</u>	(18) BIRTHPLACE <u>Horry Co. S.C.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Home at 2:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report
Nov 11 1916
[Signature]
 Registrar

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

(27) Filed 1916 (28) [Signature] 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.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 Clav. of Columbia