

(1) PLACE OF BIRTH

County of HorryTownship of DoffInc. Town of DoffCity of Doff

(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

64803

Registration District No. 2502Registered No. 29
(For use of Local Registrar)

(2) Full Name of Child

Mitchel Asbury Masten(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(To be answered only in case of Twin or Triplet)

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 6
(Name of Month) (Day) (Year)

(8) FULL NAME

Richmond Masten

(9) PRESENT POSTOFFICE OF FATHER

Jordanville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

Horry Co. S.C.

(13) OCCUPATION

Farming

(30) Number of children born to mother, including present birth

One

(14) NAME BEFORE MARRIAGE

Julia Graham

(15) PRESENT POSTOFFICE OF MOTHER

Jordanville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Horry Co. S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Jordanville, S.C. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. B. G. P.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Masten, Jordanville, S.C.

Given name added from a supplemental report

Nov 11, 1916C. W. M. S.

Registrar

(26) Witness

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

(27) Filed

6/8

1916

(28)

E. L. Lambert

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.

WRITE 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.
Craw. of Columbia