

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Mt. Ohio
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21735

Registration District No. 2034 Registered No. 93
 (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 Mary Mase If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 10, 1923
 To be answered only in event of Twin or Triplet (Day) (Year)

FATHER.

(8) FULL NAME Norman M. ...
 (9) PRESENT POSTOFFICE OF FATHER Elliot S. C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Year)
 (12) BIRTHPLACE Lee Co
 (13) OCCUPATION Furnace

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Carter
 (15) PRESENT POSTOFFICE OF MOTHER Elliot S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Year)
 (18) BIRTHPLACE Lee Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 1-3-

(20) Number of children born to mother, including present birth 1-4-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature Sarah ...
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Elliot S. C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
August 1923 (27) 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.