

(1) PLACE OF BIRTH

County of

Township of

City of

St.;

Ward)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2203

File No. — For State Registrar Only

17787

Registered No. 7
(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.)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

(5) Number in order of birth

5

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 8, 1923

FATHER.

(8) FULL NAME

Benjamin Masters

(9) PRESENT POSTOFFICE OF FATHER

Clara, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

Greenville Co

(13) OCCUPATION

farmer

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

5

(14) NAME BEFORE MARRIAGE

Blandk Ellison

(15) PRESENT POSTOFFICE OF MOTHER

Clara, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

39

(18) BIRTHPLACE

Transylvania Co, N.C.

(19) OCCUPATION

housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

Born alive at 12 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/25/23

1923 (28) Effie Robinson 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.

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