

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bleace Massey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2807 (6) Are Parents Married? yes DATE OF BIRTH Dec. 9, 22
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Mack Massey</u>	(14) NAME BEFORE MARRIAGE <u>Nora Mc Murray</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Riverside S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Riverside S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(12) BIRTHPLACE <u>Lancaster Co.</u>	(18) BIRTHPLACE <u>Lancaster Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Steward
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Riverside S.C.
Given name added from a supplemental report B. J. Richardson
(26) Witness C. J. Siskore (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec. 10, 22 (28) B. J. Richardson 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.