

Form No. 10. MARGIN RESERVED FOR BINDING. 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.

(1) PLACE OF BIRTH
County of Horry
Township of Bay
or Town of
or City of
(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
43258

Registration District No. 2502 Registered No. 59
(For use of Local Registrar)
St.; Ward)

2. Full Name of Child John E. Mashor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 26 5</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wilson P. Mashor</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Goddard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Coalspring SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gallivants Ferry</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>51</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Coalspring SC</u>			(18) BIRTHPLACE <u>Gallivants Ferry SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:40 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy G. Shippen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Coalspring SC

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

(27) Filed 1221 1915 (28) W. L. Lambart Local Registrar

Given name added from a supplemental report

191.....

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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