

(1) PLACE OF BIRTH

County of CherokeeTownship of Graysvilleor
Inc. Town ofor
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

13302

Registration District No. 1002 Registered No. 27
(For use of Local Registrar)(2) Full Name of Child Elizabeth Mason

If child is not yet named, make supplemental report as directed

(3) SEX OR
SEX girl(4) Twin
or Triplet
To be reported only in case of Twin or Triplet(5) Number in
order of birth 2(6) Are Parents
Married Yes(7) DATE OF
BIRTH Feb 1 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME James Mason(9) PRESENT
RESIDENCE
OF FATHER Hoffney No 6(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 25
(Year)(12) BIRTHPLACE Cherokee(13) OCCUPATION Farmer(14) Number of children born to
mother, including present birth 2

MOTHER

(14) NAME BEFORE
MARRIAGE Mattie Garratt(15) PRESENT
RESIDENCE
OF MOTHER Hoffney No 6(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 2
(Year)(18) BIRTHPLACE Cherokee(19) OCCUPATION Domestic(20) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ad. L. S. S. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 22 is signed by mark)Sam J. Starn 19 23
Registrar(27) Filed May 19 1923 (28) Sam J. Starn
Local RegistrarWhen 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.

FIRST-BOOK, No. 1. THE OTHER, No. 2, etc. In question 1.

Bureau of Statistics, Columbia, S. C.