

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66175

Registration District No. 40 C Registered No. 70

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or triplet?

To be answered only in event of Twins or Triplets

7

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jesse C. Mason

(9) PRESENT POSTOFFICE OF FATHER

Campobello S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Stella Reicher

(15) PRESENT POSTOFFICE OF MOTHER

Campobello S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:20 P.M. on the date above stated.

(23) (Signature)

J. E. E. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Truman St

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

June 8, 1916

(28)

E. C. Capers

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN V. No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia