

OFFICE OF THE

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

No. 10-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
2017

County of Bernice
Township of Red Oak

In Town of Donora S.C.
City of Donora S.C.

Registration District No. 109 Registered No. 9
(For use of Local Registrar)

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

(1) Full Name of Child James S. Mason If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Boy (3) Are Parents Married Yes (4) DATE OF BIRTH Jan 27
(Name of Month) (Day) (Year)

FATHER.
(5) FULL NAME Samuel Mason
(6) PRESENT RESIDENCE OF FATHER Donora S.C.
(7) COLOR OR RACE White (8) AGE AT LAST BIRTHDAY 31 (Years)
(9) BIRTHPLACE S.C.
(10) OCCUPATION Lumber grader
(11) Number of children born to mother, including present birth 5

MOTHER.
(12) NAME BEFORE MARRIAGE Shelley Bamera
(13) PRESENT RESIDENCE OF MOTHER Donora S.C.
(14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 45 (Years)
(16) BIRTHPLACE S.C.
(17) OCCUPATION Domestic
(18) 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 born (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) James S. Mason

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Donora S.C.

Given name added from a supplemental report

May 4 1923
James S. Mason

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 21 1923 (28) M. W. [Signature] Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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