

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

(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

71776

Registration District No. 4A Registered No. 910

(For use of Local Registrar)

No. 132 King St. St.; Ward

(2) Full Name of Child Sally Masters { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 18, 1911

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Robert Francis Masters

(14) NAME BEFORE MARRIAGE Stella Marie Mansfield

(9) PRESENT POSTOFFICE OF FATHER City

(15) PRESENT POSTOFFICE OF MOTHER City

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE City

(18) BIRTHPLACE City

(13) OCCUPATION Clerk

(19) OCCUPATION Home Work

(20) Number of children born to mother, including present birth 2

(21) 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 alive, at 4 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Masters M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 187 Cochrans St.

Given name added from a supplemental report

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

(27) Filed 9/9/11 (28) 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.

FORM NO. 6... N. B.—In case of twins or triplets use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THIS OTHER. No. 2, etc., in question 5.