

(1) PLACE OF BIRTH
County of Charleston
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
71776

Inc. Town or City of Charleston Registration District No. 4A Registered No. 910
(For use of Local Registrar)
City of Charleston (No. 132 King St. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Baby 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, 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Francis Masters</u>	(14) NAME BEFORE MARRIAGE <u>Stella Marie Mansfield</u>	(9) PRESENT POSTOFFICE OF FATHER <u>City</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>City</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>City</u>	(18) BIRTHPLACE <u>City</u>	(13) OCCUPATION <u>Clerk</u>	(19) OCCUPATION <u>House Work</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

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 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 187 Oakway 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 9/9/16 (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.
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FORM NO. 3
VITEL
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.