

## (1) PLACE OF BIRTH

County of Canderson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

1916

Township of .....

or

Inc. Town of Honeysuckle

or

City of .....

Registration District No. 307Registered No. 23

(For use of Local Registrar)

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

(2) Full Name of Child Earnest Mae Mason

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 5

1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

William Riley Mason

(9) PRESENT POSTOFFICE OF FATHER

Honeysuckle S. C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Greenville Co.

(13) OCCUPATION

Mill Hand

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Dorcy M. Cry

(15) PRESENT POSTOFFICE OF MOTHER

Honeysuckle S. C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

Georgia

(19) OCCUPATION

Mill Hand

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) E. R. Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Honeysuckle S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 29 1916(28) L. A. Williams

Local Registrar

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.

Registrar

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. 2  
 WHEN FATHER, WITH CHILD, IS A FOREIGNER, INSTEAD OF A SEPARATE REPORT, USE A SEPARATE REPORT, NO. 2, ETC., IN QUOTATION.  
 IN CASE OF TWIN OR TRIPLET, USE A SEPARATE REPORT, NO. 2, ETC., IN QUOTATION.  
 FIRST-NAME, No. 1, THIS OFFICE, No. 2, ETC., IN QUOTATION.  
 McCaw, of Columbia