

(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 Honea Path

Registration District No. 307

Registered No. 23

(For use of Local Registrar)

City of (No. 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 Eleanor 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 Honea Path 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 Honea Path 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 3 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) E. P. Romald

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Honea Path 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. D. Williams 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.

Registrar | Local Registrar

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MASSACHUSETTS REGISTRATION OF BIRTHS. THIS IS A SUPPLEMENT TO THE REGISTRATION OF BIRTHS IN MASSACHUSETTS. IN CASES OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 3.