

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 1.

(1) PLACE OF BIRTH

County of Myrtleburg

Township of Kings

or  
Inc. Town of 11

or  
City of 11

(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

50670

Registration District No. 439

Registered No. 5

(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child Alb. W. Mason

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplets

(5) Number in order of birth

(6) Are mother's Parents Married?

(7) DATE OF BIRTH 1/28  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Mason

(9) PRESENT POSTOFFICE OF FATHER Kings

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

(12) BIRTHPLACE Kings

(13) OCCUPATION driver

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mellie Burton

(15) PRESENT POSTOFFICE OF MOTHER Kings

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

(18) BIRTHPLACE Kings

(19) OCCUPATION Washer

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mellie Burton

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

Given name added from a supplemental report

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

(27) Filed 2/9 1916 (28) J. C. Kanning 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.