

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster

Township of

or

Inc. Town of Lancaster

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 253

File No. — For State Registrar Only

41160

Registered No. 94

(For use of Local Registrar)

(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

Mason

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be covered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH Aug 7, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

L. B. Mason

(9) PRESENT RESIDENCE OF FATHER

Lancaster S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Lancaster Co. N.C.

(13) OCCUPATION

Bookkeeper

MOTHER.

(14) NAME BEFORE MARRIAGE

Charity West

(15) PRESENT RESIDENCE OF MOTHER

Lancaster S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Lancaster Co. S.C.

(19) OCCUPATION

Housewife

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

Three

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 when question 23 is signed by a physician)

(27) Filed

1-1-24

(28) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark with FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Revised by Governor, Columbia, S. C.