

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Simmons  
 or  
 Inc. Town of Country  
 or  
 City of .....

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

File No.—For State Registrar Only

41492

Registration District No. 1005 Registered No. 169  
 (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 J. N. Woodrow Mass (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Single (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 26, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Tom F. Mass  
 (9) PRESENT POSTOFFICE OF FATHER Goffney R. #8  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
 (Years)  
 (12) BIRTHPLACE Yank Co S C  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Estie Emily J. Self  
 (15) PRESENT POSTOFFICE OF MOTHER Goffney R. #8  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (18) BIRTHPLACE Yank Co N C  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. N. Woodrow  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Goffney R. #8

Given name added from a supplemental report

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

(27) Filed Jan. 10, 1923 (28) H. H. Rutledge 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.