

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Lickens

Township of

OF

Inc. Town of

OR

City of Casley

(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

No. 36045 — For State Registrar Only

36045

Registration District No. 37-a Registered No. 156

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex of Parents

yes

(7) DATE OF BIRTH

Oct. 17, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John S. Mason

(9) PRESENT POSTOFFICE OF FATHER

Casley

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

50
(Year)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Textile work

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Cash Cady

(15) PRESENT POSTOFFICE OF MOTHER

Casley

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37
(Year)

(18) BIRTHPLACE

Ga.

(19) OCCUPATION

Domestic

(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 4:30 AM, on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. J. [Signature]

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Casley

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Early")

19 32 Registrar

(27) Filed Nov. 4, 1932 (28) [Signature] 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.

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