

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee

Township of

Inc. Town of

City of Cherokee

(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

27603

Registration District No. 10a

Registered No. 197

(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 <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10/10/23</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Kenneth A. Mason</u>			(14) NAME BEFORE MARRIAGE <u>Walter Pearson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>65</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u>	
(12) BIRTHPLACE <u>Cherokee</u>		(18) BIRTHPLACE <u>Cherokee</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>120</u>			(21) Number of children of this mother now living, including present birth <u>16</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 12 M., on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) Kenneth A. Mason

(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 25 is signed by mother)

(27) Filed 10/10/23

(28) W. S. Smith Local Registrar

If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the 28th month of pregnancy.