

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.

REG. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Greenwich
Township of South
or
Inc. Town of
or
City of
(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
4362

Registration District No. 2215 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Annice Agnes Masters 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 28, 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>John Tillman Masters</u>			(14) NAME BEFORE MARRIAGE <u>Donnie Slater</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwich S.C. #4</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwich S.C. R.D. 4</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Tray Springs, S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Pelzer, S.C.</u>		
(19) OCCUPATION <u>Domestic</u>		(20) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour of Day 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 only when question 23 is signed by mark)

(27) Filed Feb. 29, 1922 (28) E. B. Hendrix 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.