

THE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Cherokee

Township of Lawdysville

Inc. Town of

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

No. 9773—For State Registrar Only

9773

Registration District No. 1002

Registered No. 24
(For use of Local Registrar)

(No. 61923 St. 23 Ward)

(2) Full Name of Child Elizabeth Mason

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

(3) SEX OF CHILD girl

(4) Twin or Triplet

(5) Number in order of birth

(6) yes

(7) DATE OF BIRTH Feb 1, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James P. Mason

(9) PRESENT OCCUPATION OF FATHER

(10) COLOR 23
RACE (Year)

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Parratt

(15) PRESENT OCCUPATION OF MOTHER

(16) COLOR 23
RACE (Year)

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

Paul A. Strain 1923
Registrar

(25) Paul A. Strain 1923
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.