

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18865

Registration District No. 240913

Registered No. 217  
(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

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

3) BOY OR GIRL

Girl

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married

Yes

7) DATE OF BIRTH

June 19, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Roger Mason

9) PRESENT POSTOFFICE OF FATHER

Wilmington, N.C.  
Jacksonville

10) COLOR OR RACE

W.

11) AGE AT LAST BIRTHDAY

20  
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Self help work

## MOTHER.

14) NAME BEFORE MARRIAGE

Dorothy Horje

15) PRESENT POSTOFFICE OF MOTHER

Wilmington, N.C.  
Summit, N.C.

16) COLOR OR RACE

W.

17) AGE AT LAST BIRTHDAY

15  
(Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

Nurse work

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

2

21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(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

June 19, 1922

(28) Local Registrar

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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