

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

24701

Anderson
Bushy CreekRegistration District No. 302 Registered No. 83
(For use of Local Registrar)(No. St.; Ward)
If born in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child. W. O. H. C. Masters { If child is not yet named, make supplemental report as directed

(1) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug. 29, 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Massingale

(15) PRESENT POSTOFFICE OF MOTHER Casley R # 3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certify that I attended the birth of this child, who was Alive at 10 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Bell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Casley

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed J. B. Bell 1922 (28) J. B. Watson Local Registrar

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