

(1) PLACE OF BIRTH

County of AbbevilleTownship of Landonvilleor
Inc. Town ofor
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

50893

Registration District No. 108 Registered No. 70

(For use of Local Registrar)

City of (No. St.; Ward)

(2) Full Name of Child Ota Massey { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harmon Massey

(9) PRESENT POSTOFFICE OF FATHER

Landonville

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE

Abbeville Co.

(13) OCCUPATION

Section Hand

MOTHER.

(14) NAME BEFORE MARRIAGE

Susie Winburn

(15) PRESENT POSTOFFICE OF MOTHER

Landonville

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 40
(Years)

(18) BIRTHPLACE

Anderson County

(19) OCCUPATION

Housewife

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

{ 6 }

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Harmon Massey

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

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

Mar 12 1916

(28)

J. M. Luckabee 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.