

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

MECHANICAL COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of *Greenville*

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**85740**

Registration District No. *22 A* Registered No. *471*  
(For use of Local Registrar)

(2) Full Name of Child

*Josephine Agatha Mastalerz*  
(No. *122 1/2 N North* St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov 21st 1916*  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME *Joseph Mastalerz*  
(9) PRESENT POSTOFFICE OF FATHER *Greenville, SC*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33*  
(Years)  
(12) BIRTHPLACE *Konske, Odrowaz, Poland*  
(13) OCCUPATION *Plumber*  
(20) Number of children born to mother, including present birth *Three*

MOTHER  
(14) NAME BEFORE MARRIAGE *Mary Agatha Stryszowska*  
(15) PRESENT POSTOFFICE OF MOTHER *Greenville, SC*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27*  
(Years)  
(18) BIRTHPLACE *Wies. Zesrotarz, Wielicka, Austria-Hungary*  
(19) OCCUPATION *Domestic*  
(21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *still* at *17 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *R.C. Bruce*  
(24) State *whether* Physician or Midwife (25) Address of Physician or Midwife *Greenville, S.C.*

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Dec 4* 1916. (28) *C.E. Smith* 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.