CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 17310

(1) PLACE OF BIRTH

County of Cleveland

Township of Mayesville

or

Inc. Town of Cheraw Falls S.C. Registration District No. 109 Registered No. 63
(For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Edgar Masters (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? yes

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 16 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J W Masters

(9) PRESENT POSTOFFICE OF FATHER Cheraw Falls S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Cotton Mill Work

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

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Lee Hickum

(15) PRESENT POSTOFFICE OF MOTHER Cheraw Falls S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. H. Hall M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cheraw Falls S.C.

Given name added from a supplemental report

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..... 19 ....
Registrar

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

(27) Filed July 9 1922 (28) R. L. Hanson
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.

fifth month of pregnancy.

McCAW OF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.