

County of Hallam
Township of Lanark

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

45989

Inc. Town of Registration District No. 1804 Registered No. 3
or
(For use of Local Registrar)
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. *Mary Mason*

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin OR Triplets?	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 24</i>	(8) (Name of Month) (Day)	(9) (Year)
To be answered only in event of Twins or Triplets						

MOTHER.

3. FULL NAME Luis Mosquera

(14) NAME BEFORE MARRIAGE *Rosalia Luis*

9) PRESENT
POSTOFFICE
OF FATHER *Lamar SC*

(15) PRESENT POSTOFFICE OF MOTHER *Lamar Sc*

(11) AGE AT LAST BIRTHDAY 24
(Years)

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

2) BIRTHPLACE Darlington Co

(18) BIRTHPLACE Darlington C

(3) OCCUPATION Farmer

(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

(22) I hereby certify that I attended the birth of this child, who was Aline, at 1 M.,
on the date above stated. 11 (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Dr. Arthur J. M. Doyle*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *June 27, 1916* (28) *D. W. O. R. 1916*
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.