

Form No. 1

(1) PLACE OF BIRTH

County of *Allendale*

Township of

or

Inc. Town of *11*

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

17393

Registration District No. *46.00*Registered No. *63*
(For use of Local Registrar)

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

(2) Full Name of Child *Johnson Emmett Mason*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

June 23, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Johnson E. Mason*(9) PRESENT POSTOFFICE OF FATHER *Allendale S.C.*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *25*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Taylor*(20) Number of children born to mother, including present birth *Three*

MOTHER.

(14) NAME BEFORE MARRIAGE *Rosa Gatter*(15) PRESENT POSTOFFICE OF MOTHER *Allendale S.C.*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *26*
(Years)(18) BIRTHPLACE *S.C.*(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 *Alive* on the date above stated. *1230 a*
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *F. H. Boyd M.D.*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Allendale 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 *June 24, 1922*(28) *F. H. Boyd M.D.*

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.

THIS IS A PERMANENT RECORD. 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.