(3) PLACE OF BIRTH

County of ...Dorchester

Township of .....

or Town of .....

or (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 Use

9072

Registration District No. 1.3. Dorchester No. (For the Registrar)

(4) Full Name of Child. Mary Elizabeth Bass

If child is not named, so state and supplemental report will be required later.

(5) SEX OF CHILD	(6) Twin or Triplet? —	(7) Number in order of birth —	(8) Are Parents Married? Yes	(9) DATE OF BIRTH. Month ... Day ... Year of Our Lord ...
Girl				

FATHER.

(10) FULL NAME W. C. Bass

(12) PRESENT POSTOFFICE OF FATHER Summerville

(13) COLOR OR RACE White

(14) AGE AT LAST BIRTHDAY 21 (Years)

(15) BIRTHPLACE S.C.

(16) OCCUPATION Lumberman

(17) Number of children born to mother, including present birth 1

MOTHER.

(18) MAIDEN NAME Anna Bass

(19) PRESENT POSTOFFICE OF MOTHER Summerville

(20) COLOR OR RACE White

(21) AGE AT LAST BIRTHDAY 21

(22) BIRTHPLACE S.C.

(23) OCCUPATION At home

(24) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(25) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at ... (Hour)

(26) (Signature) L.E.T. Bass

(27) State whether Physician or Midwife M.D.

(28) Address of Physician Summerville

(29) If name added from a supplemental report ....., 191....

Registrar

(30) Witness .....

(Signature of Witness necessary only when question 25 is signed by mother)

(31) Filed June 9 1914 (32) ..... 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.

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