

## (1) PLACE OF BIRTH

County of Richland  
Township of Columbia

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36312

Inc. Town of ..... 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 Rather Bell Masby { If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 10 1927 (Name of Month) (Day) (Year)

## FATHER.

(3) FULL NAME Wyley Masby  
(2) PRESENT POSTOFFICE OF FATHER Columbia  
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Langhams  
(13) OCCUPATION dairy work  
(20) Number of children born to mother, including present birth 1 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Marionie Babson  
(15) PRESENT POSTOFFICE OF MOTHER Columbia  
(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Ridge Way S C  
(19) OCCUPATION operse  
(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was A. live, at 12 45 ..... M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) ..... (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cal R # 3

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1927 (28) L M Taylor 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.