

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4134

Registration District No. 2306. Registered No. 31.....
(For use of Local Registrar)(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 Mason Wynne Perry If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 21 1923
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joe J. Perry</u>	(14) NAME BEFORE MARRIAGE <u>Annie Adams</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Rt 6 Greenville</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Rt 6 Greenville</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>52</u> (Year)	(12) COLOR OR RACE <u>W</u>	(14) AGE AT LAST BIRTHDAY <u>28</u> (Year)
(12) BIRTHPLACE <u>Ga</u>	(16) BIRTHPLACE <u>Ala</u>	(14) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Domestic</u>
(16) Number of children born to mother, including present birth <u>6</u>	(18) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Wynne (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife P.O. Box 1000 Greenville

(Given name added from a supplemental report)

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

(27) Filed Mar 12 1923 (28) J. M. Wynne 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 stillbirth before the fifth month of pregnancy.

MARGIN RESERVED FOR REMARKS.
 WRITE PLAINLY. WITH UNPENCILLED INK.—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 3.