

MARRIAGE PLAINLY, WITH DEFENDING EXPENSE IN A FORMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Yamouss
 Township of Yamouss
 or
 Inc. Town of Woodsville
 or
 City of Ch. (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. Registered No. (For use of Local Registrar)

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

File No.—For State Registrar Only.
 10000

(2) Full Name of Child Bessie Williams Mason } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Yes</u>	(5) Number in order of birth <u>1</u> <small>To be reported only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 21</u> <small>(Name of Month, Day) (Year)</small>
(8) FULL NAME <u>Lehorley Mason</u> FATHER.		(14) NAME BEFORE MARRIAGE <u>Messie Hammett</u> MOTHER.		
(9) PRESENT POSTOFFICE OF FATHER <u>Yamouss SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>She Hammett</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(18) BIRTHPLACE <u>SC</u>
(12) BIRTHPLACE <u>Texas</u>	(13) OCCUPATION <u>Textile</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>6</u>	
(20) Number of children born to mother, including present birth <u>8</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) John J. Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Yamouss SC

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John J. Williams
 (27) Filed July 26 1916 (28) John J. Williams 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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