

Form No. 1

(1) PLACE OF BIRTH

County of OceanTownship of Juganoo

or

Inc. Town of Wickham

or

City of St. George (No. 3505 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 William Mass

File No.—For State Registrar Only

39575

Registration District No. 3505Registered No. 869
(For use of Local Registrar)(3) BOY OR
GIRL Girl(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH Nov 29, 32

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME John Mass(9) PRESENT
POSTOFFICE
OF FATHER Wickham SC(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 33
(Years)(12) BIRTHPLACE Ocean Co SC(13) OCCUPATION Way Laborer(20) Number of children born to
mother, including present birth 3

MOTHER

(14) NAME BEFORE
MARRIAGE Julia Williams(15) PRESENT
POSTOFFICE
OF MOTHER Wickham SC(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 34
(Years)(18) BIRTHPLACE La(19) OCCUPATION Washing Clothes(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:00 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Harrison(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife WickhamGiven name added from a supplement-
tal report(26) Witness Doyle(Signature of Witness necessary only
when question 23 is signed by mark)(27) Date Dec 6, 32(28) Local Registrar Doyle*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.MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 6.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.