

## (1) PLACE OF BIRTH

County of HorryTownship of J. J. J.Inc. Town of Mass Bluff S.C.City of Mass Bluff S.C.

(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 Registrar Only

34412

Registration District No. 2407 Registered No. 24074

(For use of Local Registrar)

(2) Full Name of Child Marie

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>Married</u>	(7) DATE OF BIRTH <u>Sept 30 1927</u>
				(Name / Month / Day / Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice McPherson(15) PRESENT POSTOFFICE OF MOTHER Mass Bluff S.C.(16) COLOR OR RACE negro(17) AGE AT BIRTHDAY (Years) 19(18) BIRTHPLACE Mass Bluff S.C.(19) OCCUPATION Farm hand

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patricia Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mass Bluff S.C.

Given name added from a supplemental report

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

(27) Filed Nov 15 1927 (28) J. B. Davis 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.