(1) PLACE OF BIRTH

County of York

Township of Broad River

or

Inc. Town of .....

or

City of .....

(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
26683

Registration District No. 44 2

Registered No. 1 1

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Dave Mason

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

(3) BOY OR GIRL: Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH: July 30 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Dennis Mason

(9) PRESENT POSTOFFICE OF FATHER: Hickory Grove

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 21 (Years)

(12) BIRTHPLACE: York

(13) OCCUPATION: Farmer

(14) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Dallie Moss

(15) PRESENT POSTOFFICE OF MOTHER: Hickory Grove

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 16 (Years)

(18) BIRTHPLACE: York

(19) OCCUPATION: Farms

(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 born alive (Born alive or stillborn) at 7 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Max Smith

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Hickory Grove

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

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

(27) Filed July 10 1923 (28) C. W. Lilly

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.

If—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 5.

Bureau of Statistics, Columbia, S. C.