

(1) PLACE OF BIRTH

County of *York*Township of *Compabell*

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37849

Registration District No. *4.001-A* Registered No. *117*.....
(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 *Musel Louise Masley* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1st* (6) Age at birth *1 yr* (7) DATE OF BIRTH *Oct 2 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Charles Herbert Masley*(9) PRESENT POSTOFFICE OF FATHER *Compabell*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Year)(12) BIRTHPLACE *Massachusetts*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Louise Finch*(15) PRESENT POSTOFFICE OF MOTHER *Compabell*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *Musel Louise Masley* (Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(22) (Signature) *James L. Masley*

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

Given name added from a supplemental report

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

(26) Filed *12/1* (27) *1923* (28) *C. L. Masley* 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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