

(1) PLACE OF BIRTH

County of Greenville
 Township of
 or
 Loc. Town of
 or
 City of 11

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

File No.—For State Registrar Only

2020

Registration District No. 2202B Registered No. 280
 (For use of Local Registrar)

(No. 20 Hale St St.; Union Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

SEX OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/30/22
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(3) FULL NAME Arthur H. Mason

(14) NAME BEFORE MARRIAGE Nora Ethel Leatherman

(8) PRESENT POSTOFFICE OF FATHER 20 Hale St

(15) PRESENT POSTOFFICE OF MOTHER same

(9) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 33
 (Years)

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 31
 (Years)

(10) BIRTHPLACE S.C.

(18) BIRTHPLACE N.C.

(12) OCCUPATION Sept

(19) OCCUPATION House

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:45 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Aug 1 1922 (28) Local Registrar [Signature]

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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