

(1) PLACE OF BIRTH

County of Greenville
Township of Cleveland
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42648

Registration District No. 2203 Registered No. 14
(For use of Local Registrar)

City of..... 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 Kathylene Masters (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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Masters
(9) PRESENT POSTOFFICE OF FATHER Clara, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Years)
(12) BIRTHPLACE Greenville Co., S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Nina Cassell
(15) PRESENT POSTOFFICE OF MOTHER Clara, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)
(18) BIRTHPLACE Transylvania Co., N.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour of M. or P.M.)

(23) (Signature) J. Hallymond, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richwood, S.C.

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 Dec 16 1922 (28) Mrs. Effie Robinson
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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WHEN REPORTING STILLBIRTHS, STATE THE DATE OF BIRTH AND THE DATE OF REPORT. IF THE CHILD WAS BORN ALIVE, STATE THE DATE OF DEATH. IF THE CHILD WAS BORN DEAD, STATE THE DATE OF BIRTH AND THE DATE OF REPORT. THIS OFFICE, No. 1, FINE STREET, COLUMBIA, S. C.