

(1) PLACE OF BIRTH

County of

Township of

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 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 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Arthur Masters (14) NAME BEFORE MARRIAGE Nina Cassell
(9) PRESENT POSTOFFICE OF FATHER Clara, S.C. (15) PRESENT POSTOFFICE OF MOTHER Clara, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(12) BIRTHPLACE Greenville Co., S.C. (18) BIRTHPLACE Transylvania Co., N.C.
(13) OCCUPATION Farmer (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) (M. or P. M.)

(23) (Signature) L. Hallymond, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond, 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 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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