

1. PLACE OF BIRTH

County of Leicester
 Township of Burford

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19147

Ina. Town of Registration District No. 2800 Registered No. 43
 City of (For use of Local Registrar)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

2. Full Name of Child Massay { If child is not yet named, make supplemental report as directed

(1) SEX OR GIRLS <u>girl</u> To be answered only in event of twins or triplets	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 12</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Bay Massay</u>		(14) NAME BEFORE MARRIAGE <u>Lin Chai</u>		
(9) PRESENT RESIDENCE <u>Leicester</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Leicester</u>		
(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)		(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
(10) BIRTHPLACE <u>S.C.</u>		(16) COLOR OR RACE <u>W</u>		
(12) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) Number of children born to mother including present birth <u>13</u>		(19) OCCUPATION <u>Domestic</u>		
		(21) Number of children of this mother now living, including present birth <u>13</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born live at 4 9 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. G. Sandak

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Leicester, S.C.

Given name added from a supplement-
 tal report

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

(27) Filed July 8 1914 (28) A. M. Hinson
 Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If
 a child is born once, it must not be reported as stillborn. No report is desired of stillbirths before the
 fifth month of pregnancy.