(1) PLACE OF BIRTH

County of Clarendon

Township of St. James

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: 31723

Registration District No. 1309 Registered No. 5D

(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 Willie Mazon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Boy

(4) Twin or Triplet: (5) Number in order of birth: To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes.

(7) DATE OF BIRTH: Sept 16 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Fayette Mazon

(9) PRESENT POSTOFFICE OF FATHER: Summerton SC R(1)

(10) COLOR OR RACE: Col

(11) AGE AT LAST BIRTHDAY: 37 (Years)

(12) BIRTHPLACE: Clarendon Co

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 2—

MOTHER.

(14) NAME BEFORE MARRIAGE: Hattie Smith

(15) PRESENT POSTOFFICE OF MOTHER: Summerton SC

(16) COLOR OR RACE: Col

(17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Clarendon Co

(19) OCCUPATION: Home Field

(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 (Born alive or stillborn) at 8 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Nancy Gibson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Summerton SC

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark.)

(27) Filed Sept 23 1923

(28) H. E. Richbourg, 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.