

MARION REGISTERED FOR BIRTHING.
 STATE PLAINLY, WITH UNFAVORABLE VIEW, THIS IS A FAVORABLE VIEW.
 IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE ENTRY FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Lancaster S.C.
 Township of
 or
 Inc. Town of Lancaster S.C.
 or
 City of (No. Sd.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35100

Registration District No. 28a Registered No. 59
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Aug 24, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Sidney Mason</u>	(14) NAME BEFORE MARRIAGE <u>Autho May Hammond</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lancaster S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster S.C.</u>
(10) COLOR OR RACE <u>Colord</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(16) COLOR OR RACE <u>Colord</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)
(12) BIRTHPLACE <u>Georgia</u>	(18) BIRTHPLACE <u>Lancaster S.C.</u>	(19) OCCUPATION <u>oil mill hand</u>	(19) OCCUPATION <u>House Keeper</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 AM.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary G. Witherspoon
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Lancaster 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 7-29-22 (28) L. H. Thompson 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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