

(1) PLACE OF BIRTH

County of *Linderson*Township of *Brookway*or
Inc. Town ofor
City of

(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

Registration District No. *301*

File No. - For State Registrar Only

3003

Registered No. *4*

(For use of Local Registrar)

(2) Full Name of Child *Cavan Stewart McMath*(3) BOY OR
GIRL(4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married

(7) DATE OF

BIRTH *Jan 7, 1922*

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *34* M.
on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given home called from or supplemented
this report

(25) Witness

(Signature of Witness necessary only
when question as to sign by mark)

(26) Date

(27) 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 10th month of pregnancy.