

Form No. 1

(1) PLACE OF BIRTH

County of AlbemarleTownship of Ryeor
Inc. Town of

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

File No.—For State Registrar Only

42415

Registration District No. 2010 Registered No. 95
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Miriam Mathews

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> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec 6, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME C. R. Mathews

(9) PRESENT POSTOFFICE OF FATHER Gowards, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE Hammer Co S.C.

(13) OCCUPATION Farmer

20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Lee

(15) PRESENT POSTOFFICE OF MOTHER Gowards, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Hammer Co S.C.

(19) OCCUPATION Domestic

21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:10 P. M., on the date above stated. (Hour of Birth) (M. or P. M.)(23) (Signature) D. H. Floyd

(24) State Physician or Midwife

(25) Address of Physician or Midwife W. County, 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 7, 1922 (28) E. L. Montgomery
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.