

(1) PLACE OF BIRTH

County of RichlandTownship of BlytheWOOD

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

91582

Registration District No. 3800Registered No. 190
(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 Leland Mathews

If child is not yet named, make supplemental report as directed

(3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 31, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Mathews(9) PRESENT POSTOFFICE OF FATHER 5(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Works at RR Shops(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha L. Hilder(15) PRESENT POSTOFFICE OF MOTHER 5(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Richland S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... born alive 39 M.,
on the date above stated. (Hour A. M. or P. M.)
Corrie Williams

(23) (Signature)

(24) State whether Physician or Midwife(25) Address of Physician or Midwife BlytheWOOD 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 Jan 21, 1917(28) W. A. McLean
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.