

(1) PLACE OF BIRTH
County of Pickens
Township of
or
Inc. Town of
or
City of Asheley
(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

No. 29758

Registration District No. 37A Registered No. 137
(For use of Local Registrar)

(2) Full Name of Child Mattie Margaret (if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number to order of birth (6) Sex yes (7) DATE OF BIRTH Sept. 4, 23
(Name of month) (Day) (Year)

FATHER
(8) FULL NAME Ernest B. Mauldin
(9) PRESENT POSTOFFICE OF FATHER Asheley
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE S.C.
(13) OCCUPATION Textile worker
(14) Number of children born to mother, including present birth 1

MOTHER
(15) NAME BEFORE MARRIAGE Lola Tinsley
(16) PRESENT POSTOFFICE OF MOTHER Asheley
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 25
(19) BIRTHPLACE S.C.
(20) 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 alive at 6 a.m. on the date above stated. (Sign as physician or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. S. Old MD
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Asheley

Given name added from a supplemental report
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(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Date Oct. 2, 1923 (28) F. F. Hixatt 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.