

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 31501

County of Anderson  
 Township of Catawba  
 or  
 City of Anderson  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 303 Registered No. 128  
 (For use of Local Registrar)

Full Name of Child Wilbur Joseph Matheson If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Nov 15 1923  
 (Name of Month) (Day) (Year)

FATHER:  
 (6) FULL NAME Jed Matheson  
 (7) PRESENT POSTOFFICE OF FATHER Anderson S.C.  
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 25 (Years)  
 (10) BIRTHPLACE Anderson Co. S.C.  
 (11) OCCUPATION Iron laborer  
 (12) Number of children born to mother, including present birth 1

MOTHER:  
 (14) NAME BEFORE MARRIAGE Ethel Boston  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Anderson Co. 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 or stillborn (Mark A. M. or P. M.)  
 on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report 191  
 Registrar [Signature]

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 12 1923 E. B. CRAYTON Local Registrar  
ANDERSON S.C.

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.

Return this with mother at pregnancy before the fifth month of pregnancy.