

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

89859

Registration District No. 2010

Registered No. 86

(For use of Local Registrar)

## (2) Full Name of Child

Dennie Matthews

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Yes

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 1

1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Theodore Matthews

(9) PRESENT POSTOFFICE OF FATHER

Spring Lake, D.C.

(10) COLOR OR RACE

Cal

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Ga.

(13) OCCUPATION

Public Laborer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lottie Carlett

(15) PRESENT POSTOFFICE OF MOTHER

Conwards, D.C.

(16) COLOR OR RACE

Cal

(17) AGE AT LAST BIRTHDAY

16

(Years)

(18) BIRTHPLACE

D.C.

(19) OCCUPATION

Farm Laborer

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

L. H. Matthews

(24) State whether Physician or Midwife

Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

P. D. Montgomery

(Signature of witness necessary only when question 23 is signed by mark)

(27) Filed

Dec. 1, 1916

(28)

P. D. 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.