

Form No. 1.

(1) PLACE OF BIRTH

County of AndersonTownship of Broadway

Inc. Town of .....

City of .....

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

(2) Full Name of Child. Janie Villian

File No.—For State Registrar Only

47965

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 301 Registered No. 101

(For use of Local Registrar)

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 25 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

E. J. Mathison

(9) PRESENT POSTOFFICE OF FATHER

Beltor S.C.R. 3

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Beltor S.C.

(13) OCCUPATION

farming

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hannie Arguason

(15) PRESENT POSTOFFICE OF MOTHER

Beltor S.C.R. 3

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26 (Years)

(18) BIRTHPLACE

Beltor S.C.

(19) OCCUPATION

farming

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Christiana B. Barrow

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife midwife Beltor S.C.R. 3

Given name added from a supplemental report

(26) Witness

E. J. Mathison  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Jan 25 1916

(28)

W. C. Campbell  
Local Registrar

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.

MARK IN INK—RECEIVED FOR RECORDING. WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. R.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.