

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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.

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

File No.—For State Registrar Only  
**4454**

(1) PLACE OF BIRTH  
County of Frederick  
Township of .....  
or  
Inc. Town of .....  
or  
City of ..... (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 Sara Jane (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 26, 1923  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Ray Matthews  
(9) PRESENT POSTOFFICE OF FATHER Good R. E.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)  
(12) BIRTHPLACE A. R.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mary Doremy  
(15) PRESENT POSTOFFICE OF MOTHER Good R. E.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE A. R.  
(19) OCCUPATION Domestic  
(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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. D. Farmer  
(24) State whether Physician or midwife (25) Address of Physician or Midwife Good R. E.

Given name added from a supplemental report  
..... 19 ..... Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. A. Williams  
(27) Filed 3/10/24 19 ..... (28) 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.

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