

Use 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 3.

(1) PLACE OF BIRTH

County of Flavine

Township of Lynch

or Inc. Town of

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

46229

Registration District No. 2016

Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Rufford Laverne Matthews

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(5) Are Parents Married? yes

(7) DATE OF BIRTH August 24, 1916

FATHER.

(8) FULL NAME

Leo Mathews

(9) PRESENT POSTOFFICE OF FATHER

Lowards SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23 (Years)

(12) BIRTHPLACE

Lowards SC

(13) OCCUPATION

Merchant

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Ola Hause

(15) PRESENT POSTOFFICE OF MOTHER

Lowards SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

Lowards SC

(19) OCCUPATION

Hause wife

(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 at Lowards SC on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Alma Williams midwife

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lowards SC

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed Jan. 25, 1916

(28) E. L. 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.

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