

(1) PLACE OF BIRTH

County of Anderson

Township of

or
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 Eddie Louise Mathison (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 8, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Mathison(9) PRESENT POSTOFFICE OF FATHER Belton R. 7.D. # 2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40
(Year)(12) BIRTHPLACE Anderson, Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie See Bannister(15) PRESENT POSTOFFICE OF MOTHER Belton, S.C. R. 7.D. # 2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
(Year)(18) BIRTHPLACE Anderson Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) F. B. CRAYTON,
Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.

MADE IN COLUMBIA, S. C.

WHILE PLAINLY, WITH UNFADING INCISION IN A PERMANENT MATERIAL, AND MARK THE

N. B.—In case of TWIN OR TRIPLET use a SEPARATE BLANK FOR EACH CHILD, and mark the

FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 6.

File No.—For State Registrar Only

28693

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3ARegistered No. 331-
(For use of Local Registrar)