

(1) PLACE OF BIRTH

County of AndersonTownship of Williamston

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3101

Registration District No 314 Registered No. 41

(For use of Local Registrar)

(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 Rufus Cornel Mathison If child is not yet named, make supplemental report as directed

1) BOY OR GIRL

Boy

4) Twin or Triplet?

No

5) Number in order of birth

1

6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Jan 3, 1922

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

2) FULL NAME

Wilson Lee Mathison

3) PRESENT POSTOFFICE OF FATHER

Williamston

10) COLOR OR RACE

 Negro

(11) AGE AT LAST BIRTHDAY

29

(Years)

12) BIRTHPLACE

Anderson Co

13) OCCUPATION

Farmer and Preacher

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Jessanna Mathison

(15) PRESENT POSTOFFICE OF MOTHER

Williamston

(16) COLOR OR RACE

 Negro

(17) AGE AT LAST BIRTHDAY

42

(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

Housewife

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Born ... at 11:45 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

W. E. Lander

(24) State whether Physician or Midwife

Physician or MidwifeM.D.Williamston

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 10, 1922

(28)

J. H. Martin

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.

19

(27) Filed

19

(28)

Local Registrar.

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MARGIN RESERVED FOR INDEXING. WRITED PLAINLY, WITH UNFADING INK, IN UPPER LEFT CORNER OF EACH PAGE, IN QUESTION 6, N. B.—In case of PARTURITION, No. 1 THIS OTHER, No. 2, etc., in question 6.