

(1) PLACE OF BIRTH

County of Saluda
 Township of No. 1
 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

16583

Registration District No. 3900B Registered No. 10
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) First or in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH March 23, 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Enos Moses
 (9) PRESENT POSTOFFICE OF FATHER Batesburg, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Sallie Mae Matthews
 (15) PRESENT POSTOFFICE OF MOTHER Batesburg, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housework
 (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 Born alive at 11:00 A.M.
 on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Batesburg, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
June 10, 1922 (27) A. C. Canbyman 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.