

(1) PLACE OF BIRTH

County of FlambergTownship of Spanish

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2010 Registered No. 65

(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 Jasper Matthews (If child is not yet named, make supplemental report as directed)(3) Sex Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of child at birth 12/20 (7) DATE OF BIRTH 12/20 (8) (Name of month) (Day) (Year)

FATHER.		MOTHER.	
(9) FULL NAME <u>Eddie Matthews</u>	(10) FULL NAME <u>Ada Williams</u>	(11) PRESENT RESIDENCE OF FATHER <u>Columbia S.C.</u>	(12) PRESENT RESIDENCE OF MOTHER <u>Columbia S.C.</u>
(13) COLOR <u>Negro</u>	(14) COLOR <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>38</u>	(16) AGE AT LAST BIRTHDAY <u>32</u>
(17) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>6</u>	(22) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Bear A. M. or P. M.)(24) (Signature) Arthur Williams(25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

(27) Witness Arthur Williams (Signature of Witness necessary only when question 23 is signed by mother)(28) Filed 12/22 (29) E. F. Montgomery

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or necessary before the fifth month of pregnancy.