

Form No. 1

(1) PLACE OF BIRTH

County of McCormick
 Township of Edgefield
 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

4358345

Registration District No. 4501Registered No. 451
(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 Burkart Mathis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 23 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Burkart Mathis
 (9) PRESENT POSTOFFICE OF FATHER McCormick
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24
 (Year) (12) BIRTHPLACE Edgefield Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Ryan
 (15) PRESENT POSTOFFICE OF MOTHER McCormick
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 20
 (Year) (18) BIRTHPLACE Edgefield Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) + Mary Jennings
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blum Branch

Given name added from a supplemental report

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

(27) Filed Jan 1 1923 (28) D. S. Morgan
 Registrar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.