

## (1) PLACE OF BIRTH

County of SaludaTownship of 7

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36319

Registration District No. 3200P Registered No. 2-8

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child James Franklin Matthews (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age Parents (months)

yr

(7) DATE OF BIRTH

Sept 25 1932  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Lester Matthews

(9) PRESENT POSTOFFICE OF FATHER

Leesville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

27  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

1

## MOTHER

(14) NAME BEFORE MARRIAGE

Georgie Matthews

(15) PRESENT POSTOFFICE OF MOTHER

Leesville S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 Ram. alive at 3 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Corrie Roseman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 10 1932

(28) P. C. C.

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.