

(1) PLACE OF BIRTH

County of AndersonTownship of Honea Path

Inc. Town of

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

33068

Registration District No. 307 Registered No. 139

(For use of Local Registrar)

(2) Full Name of Child Junior Mattison

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

Is to be entered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Orange Mattison

(9) PRESENT POSTOFFICE OF FATHER

Honea Path S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farming

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

4

MOTHER.

(15) NAME BEFORE MARRIAGE

Caroline Gambrell

(16) PRESENT POSTOFFICE OF MOTHER

Honea Path S.C.

(17) COLOR OR RACE

Black

(18) AGE AT LAST BIRTHDAY

26
(Years)

(19) BIRTHPLACE

Anderson Co

(20) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 240 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. L. Mattison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeHonea Path S.C.

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 20. 1922(28) Julius Williams

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.

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N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

McCauley of Columbia.

McCauley