CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 35774

(1) PLACE OF BIRTH

County of Colleton

Township of .....
or
Inc. Town of Walterboro
or
City of .....

Registration District No. 3-C Registered No. 16
(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 Lelesa Mathews (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month)	(Day)	(Year)
Girl	twin	2	yes	Oct	15	22

FATHER

(8) FULL NAME Linnie Mathews

(9) PRESENT POSTOFFICE OF FATHER Walterboro

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farm Labor

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Emma Taylor

(15) PRESENT POSTOFFICE OF MOTHER Walterboro

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Georgia

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

(23) (Signature) Dibon Lasley (25) Address of Physician or Midwife

(24) State whether Physician or Midwife Midwife Walterboro

Given name added from a supplemental report

....., 19.....
Registrar

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

(27) Filed Oct 19 1922 (28) O. L. Hiers 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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