

(1) PLACE OF BIRTH

County of Candler

Township of Stone Path

or  
Inc. Town of .....

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

40844

Registration District No. 207 Registered No. 15-9

(For use of Local Registrar)

(2) Full Name of Child Leroy Hamilton Mattis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?  BOY (4) Twin or triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 14 1922 (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME James Stone Mattison  
(9) PRESENT POSTOFFICE OF FATHER Stone Path  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION mill work  
(20) Number of children born to mother, including present birth 9

MOTHER.  
(14) NAME BEFORE MARRIAGE William Jones Hodder  
(15) PRESENT POSTOFFICE OF MOTHER Stone Path  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Dom  
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Dec. 2/25/49 (23) (Signature) H. B. Williams

(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Stone Path

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

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

(27) Filed Dec. 30 1922 (28) Jennie 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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