

Form No. 1

## (1) PLACE OF BIRTH

County of Lee  
 Township of St Charles  
 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

39218

Registration District No. 3007 Registered No. 574  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME W. H. Mathis  
 (9) PRESENT POSTOFFICE OF FATHER St Charles  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

MOTHER  
 (14) NAME BEFORE MARRIAGE Maria Jarore  
 (15) PRESENT POSTOFFICE OF MOTHER St Charles  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Edna J. Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife St Charles

Given name added from a supplement  
 report

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

(27) Filed Nov 16 22 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.

MARGIN KEPT FOR RECORDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 2.