

Form No. 1.

(1) PLACE OF BIRTH

County of Sumter
Township of Providence

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
57753

Inc. Town of Registration District No. 4185 Registered No. 56
(For use of Local Registrar)
City of (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 Helen Marquante Matthews If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leonard Dick Mattus

(9) PRESENT POSTOFFICE OF FATHER Sumter R.F.D., S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Sumter Co. S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Marphizzie Weldon

(15) PRESENT POSTOFFICE OF MOTHER Sumter R.F.D. S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. P. Osteen, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

Nov 3 1916

C. W. Mullen Registrar

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

(27) Filed Apr 25 1916 (28) B. M. Laughlin 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 RESERVED FOR BINDING.
WHITE FLAININ, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

McCaw, of Columbia.