

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, 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.

(1) PLACE OF BIRTH County of <u>Aiken</u> Township of <u>Millbrook</u> or Inc. Town of ..... or 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 <b>40604</b>	
(2) Full Name of Child <u>Mathew Latimore Jr.</u> (If child is not yet named, make supplemental report as directed)				Registration District No. <u>207</u>		Registered No. <u>61</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Single</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11 1922</u> (Name of Month) (Day) (Year)			
FATHER				MOTHER			
(8) FULL NAME <u>Mathew Latimore Sr.</u>				(14) NAME BEFORE MARRIAGE <u>Bertha Mose</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Aiken S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)		(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Aiken Co S.C.</u>				(18) BIRTHPLACE <u>Aiken Co S.C.</u>			
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>2</u>				(21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>9</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Rebecca Latimore</u>				(25) Address of Physician or Midwife			
(24) State whether Physician or Midwife							
Given name added from a supplemental report				(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)			
..... 19 ..... Registrar				(27) Filed <u>Dec 20 1922</u> (28) <u>F. H. Cook</u> 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.							