

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of St. Stephensor
Inc. Town ofor
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

6632

Registration District No. 705 Registered No. 21
(For use of Local Registrar)(2) Full Name of Child J. C. Matthews

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

(3) BOY OR GIRL B (4) Twin or Triplet Triplet (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Olee Matthews(9) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE Florence Co(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Martie Taylor(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Year)(18) BIRTHPLACE St. Stephens(19) OCCUPATION House-keeper(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. S. Bush, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Mar 15, 1922 (28) Mr. J. F. Reid
Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

N. B.—In case of TWINS OR TRIPLETS, give name of each child, and mark the first-born, No. 1, the second, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.