

FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in question 8.
McCam of Columbia, Columbia, S. C.

11/5/24 9/6/23

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		16716	
Township of <u>Garvin</u>		Bureau of Vital Statistics State Board of Health			
Inc. Town of		Registration District No. <u>315</u>		Registered No. <u>58</u>	
City of		(No. <u>111123</u>)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Jno. Foster Mattison</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> <small>To be answered only in event of Twin or Triplet</small>	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 5, 1923</u> <small>(Month of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Foster Mattison</u>			(14) NAME BEFORE MARRIAGE <u>Glorious Murphy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson S.C. #2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson S.C. #2</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Year)</small>			(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Year)</small>		
(12) BIRTHPLACE <u>Anderson Co. S.C.</u>			(18) BIRTHPLACE <u>S. C. Car.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
20) Number of children born to mother, including present birth <u>4</u>			21) Number of children of this mother now living, including present birth <u>4</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>E. P. M.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Melvin Owens</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Anderson #2 S.C.</u>					
(26) Witness <u>N. L. Casey</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>					
(27) Filed <u>July 10, 1923</u> Registrar <u>N. L. Casey</u>					
When there was no attending physician or midwife, then the father, householder, etc., should make report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.					