

1. PLACE OF BIRTH

County of AIKEN

Township of BATH

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

17368-2

Registration District No. 217

Registered No. \_\_\_\_\_

(For use of Local Registrar)

(No. \_\_\_\_\_

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

2. FULL NAME OF CHILD

MARY LOUVENNIE MATHEWS

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

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? YES

7. DATE OF BIRTH

6-14 1922  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

FULL NAME GEORGE MATHEWS

PRESENT POSTOFFICE OF FATHER BATH SC

COLOR OR RACE WHITE 11. AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE VIDALIA GA

OCCUPATION BARBER

Number of children born to mother, including present birth { TWO

## MOTHER

14. NAME BEFORE MARRIAGE Zelma Williamson

15. PRESENT POSTOFFICE OF MOTHER Bath. S.C

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 2  
(Years)

18. BIRTHPLACE Emanuel County, Ga

19. OCCUPATION \_\_\_\_\_

21. Number of children of this mother { now living, including present birth { \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature LEI W. WRIGHT DECEASED

24. State whether Physician or Midwife PHYSICIAN

25. Address of Physician or Midwife M. P. Mathews

Even name added from a supplemental report \_\_\_\_\_

193\_\_\_\_\_  
Registrar.

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

27. Filed 6-24-22 19\_\_\_\_

28. M. P. Mathews  
Local Registrar. //

If 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.

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Ward)

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M., P.M.)

Wife

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