

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. R.—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 8.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Durbin

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

8962

Registration District No. 105 Registered No. 28
 (For use of Local Registrar)
 (No. _____ M.; _____ Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Katie May Mattison

(3) BOY OR GIRL girl

(4) Twin or triplet?

(5) Number in order of birth 1st

(6) Any Particulars None

(7) DATE OF BIRTH 4-16-23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Cravie Mattison

(9) PRESENT POSTOFFICE OF FATHER Hones Path S. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
 (Years)

(12) BIRTHPLACE Abbeville Co.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Louie Beasley

(15) PRESENT POSTOFFICE OF MOTHER Hones Path S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
 (Years)

(18) BIRTHPLACE Greenville Co.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:20 P. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. D. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hones Path S. C.

(Given name added from a supplemental report)

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

(27) Filed May 14 1923 (28) Samuel Humphreys 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.

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