

(1) PLACE OF BIRTH

County of

Township of

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

38078

Registration District No. 4404 Registered No. 110
(For use of Local Registrar)

2 Full Name of Child

Doris Catherine Matthews

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

(3) BOY OR GIRL

Girl

(4) Twin or triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov. 19 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

John Robinson Matthews

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Ada (McKrowan)

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Charleston Co

(19) OCCUPATION

House

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

4

(21) 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 born alive at 3 A on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

M. R. Blackman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Rock Hill, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12/11/23

(28)

J. P. Miller

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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