

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Diamond Hill
 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.)
 Registration District No. 104... Registered No. 52...
 (For use of Local Registrar)
 (2) Full Name of Child Mildred Mathews (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 21, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Edell Mathews</u>			(14) NAME BEFORE MARRIAGE <u>Yettie Hall</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S.C.</u>	
(10) COLOR OR RACE <u>Caucasian</u>			(16) COLOR OR RACE <u>Caucasian</u>	
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Abbeville, S.C.</u>			(18) BIRTHPLACE <u>Abbeville, S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Arthur S. Sharp
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Abbeville

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

(27) Filed 8/23 19 22 (28) J. M. Patterson 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.