

Form No. 3

## (1) PLACE OF BIRTH

County of LexingtonTownship of "

or

Inc. Town of "

or

City of "(No. .... St.; .... Ward)  
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

27073

Registration District No. 3109 Registered No. 65  
(For use of Local Registrar)(2) Full Name of Child James Tillman Mathias If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy 4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 26, 22  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME J. Tillman Mathias9) PRESENT POSTOFFICE OF FATHER Lexington SC10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 32  
(Years)12) BIRTHPLACE Lexington13) OCCUPATION Farming20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie S. Crocker(15) PRESENT POSTOFFICE OF MOTHER Lexington SC(16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 25  
(Year)(18) BIRTHPLACE Hopkins, NC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was born alive at 6 A. M.,  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Mathias

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lexington

Given name added from a supplemental report

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

(27) Filed Sept 4, 22 (28) Mrs. C. E. Taylor  
Registrar 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 11th month of pregnancy.