

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Newberry.  
Township of No. 3.  
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.)

(2) Full Name of Child Infant Mathis

(3) BOY OR GIRL? boy (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? no (7) DATE OF BIRTH July 15, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME .....  
(9) PRESENT POSTOFFICE OF FATHER .....  
(10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
(12) BIRTHPLACE .....  
(13) OCCUPATION .....  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Eva Chaplain  
(15) PRESENT POSTOFFICE OF MOTHER Blair  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Sc.  
(19) OCCUPATION Laborer  
(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 alive at 3 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Nancy Garce

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blair Sc.

Given name added from a supplemental report

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

(27) Filed Aug 27, 1916 (28) A. H. Maybin 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.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**74026**

Registration District No. 34.05 Registered No. 36  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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