

(1) PLACE OF BIRTH

County of Edgafeld Co

Township of

Inc. Town of

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

Registration District No. 18.9.7Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Chloe Matthis

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

(3) SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

Sept 19, 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Matthis

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Edgafeld Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Lawrence

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Edgafeld Co

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Yoch

(24) State whether Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

W. A. Yoch

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

(27) Filed Sept 291923(28) W. A. Yoch

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.