

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24693

Registration District No. 5000

Registered No. 133  
(For use of Local Registrar)

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Calvin Lee Mathison

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug 17 1922  
(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME

Calvin Lee Mathison

(14) NAME BEFORE MARRIAGE

Carrie Gambrell

(9) PRESENT POSTOFFICE OF FATHER

Belton SC

(15) PRESENT POSTOFFICE OF MOTHER

Belton SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(12) BIRTHPLACE

Belton SC

(18) BIRTHPLACE

Anderson Co SC

(13) OCCUPATION

farming

(19) OCCUPATION

farming

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

15-0

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

15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Area name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 22 1922

(28)

M. J. P. A. S. L. Local Registrar

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RegistrarWhen 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.