

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH FADING 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.

City of Columbia

(1) PLACE OF BIRTH,

County of GreenvilleTownship of Clevelandor
Inc. Town ofor
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 Jackson MatthewsFile No.—For State Registrar Only
49238

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2203 Registered No. 1
(For use of Local Registrar)(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 1
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Phillip Vinson Matthews(9) PRESENT POSTOFFICE OF FATHER Cleveland, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE Tenn.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Jane Whaley(15) PRESENT POSTOFFICE OF MOTHER Cleveland, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Tenn.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. L. Mackit(24) State whether Physician or Midwife. Midwife (25) Address of Physician or Midwife Travelers Rest, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness P. V. Matthews
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 10 1916 (28) Calph J. Harrison
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.