

## (1) PLACE OF BIRTH

County of

Township of

or

City 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

25226

Registration District No. 904

Registered No. 62  
(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

Rachel Mathews

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

(3) BOY OR GIRL

G

(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 23, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Henry Mathews

(9) PRESENT POSTOFFICE OF FATHER

P.O. Charleston S.C.

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

James Island

(13) OCCUPATION

Tenant farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ernestine Mathews

(15) PRESENT POSTOFFICE OF MOTHER

P.O. Charleston S.C.

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

Farm hand

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(22) (Signature)

Mary Watson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Midwife P.O. Charleston S.C.

Give name added from a supplemental report

(25) Witness

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

(26) Filed

Sept. 1, 1922, Geo. R. Seabrook  
Local Registrar.

19 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.