

(1) PLACE OF BIRTH

County of FlorenceTownship of Lyrich

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52192

Registration District No. 2010Registered No. 7

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child Paul Mathew

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

Is he answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH March 10 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Mathew(9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Laddie Williamson(16) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.(17) COLOR OR RACE Colored(18) AGE AT LAST BIRTHDAY 26

(Years)

(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 8:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laddie Williamson(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife at Cowards, S.C.

Given name added from a supplemental report

(26) Witness E. L. Montgomery

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

(27) Filed Nov 16 1906

(28)

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.

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