

(1) PLACE OF BIRTH

County

Township of

or
In 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

30164

Registration District No.

Registered No.

(For use of Local Registrar)

2) Full Name of Child Atta Louise Mathews If child is not yet named, make supplemental report as directed

3) Sex of Child (a) Twin or triplet?

(b) Number in order of birth

(c) Are Parents Married?

(7) DATE OF BIRTH July 24, 1923
(Name of Month) (Day) (Year)

FATHER.

(1) Full Name John Mathews(2) Present Postoffice of Father Campobello S.C. #3(3) Color or Race White (4) Age at Last Birthday 28 (Years)(5) Birthplace V.C.(6) Occupation Farmer(8) Number of children born to mother, including present birth 10

MOTHER.

(14) Name before Marriage Bessie Green(15) Present Postoffice of Mother Campobello S.C. #3(16) Color or Race White (17) Age at Last Birthday 28 (Years)(18) Birthplace V.C.(19) Occupation Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(9) I hereby certify that I attended the birth of this child, who was Alive at 2-30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Morrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Campobello S.C.

Does name added from a supplemental report

Dec 18, 1923Garrick Farris

(26) Witness

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

(27) Filed 9/28/23

(28)

C. S. Mayberry
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.

PRINTED UNDER THE SUPERVISION OF THE