

(1) PLACE OF BIRTH

County of Darlington
 Township of Darlington
 or
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3899

Registration District No. 1504 Registered No. 7
 (For use of Local Registrar)

City of..... (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 Matthew Daniel Tolson If child is not yet named, make supplemental report as directed

1. Sex Male 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Jan 22 22
 (Sex of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

8. FULL NAME Tolson
 9. PRESENT POSTOFFICE OF FATHER Lanham St.
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 32
 (Years)
 12. BIRTHPLACE D.C.
 13. OCCUPATION Police
 14. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Mother G. Daniel
 15. PRESENT POSTOFFICE OF MOTHER Lanham St.
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 31
 (Years)
 18. BIRTHPLACE D.C.
 19. OCCUPATION Domestic
 20. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. P. Parnell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lanham St.

Given name added from a supplemental report

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

(27) Filed 3/2 1922 (28) P. J. Chaplin 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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