(1) PLACE OF BIRTH

County of Anderson

Township of "

or

Inc. Town 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
28659

Registration District No. 3A Registered No. 310
(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 Lillie May Matterson {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl		4th	yes	July 14 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Edgar Matterson	(14) NAME BEFORE MARRIAGE	Perline Clemons
(9) PRESENT POSTOFFICE OF FATHER	Anderson co. S	(15) PRESENT POSTOFFICE OF MOTHER	Anderson co S
(10) COLOR OR RACE	Col.	(16) COLOR OR RACE	Col.
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Anderson co S	(18) BIRTHPLACE	Anderson co. S
(13) OCCUPATION	Farming	(19) OCCUPATION	Farming
(20) Number of children born to mother, including present birth	4	(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 alive at 2 a M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edward Dawson M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) ..... F. B. CRAYTON, ANDERSON, S.C. 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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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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCALL OF COLUMBIA, COLUMBIA, S. C.