

(1) PLACE OF BIRTH

County of FlorenceTownship of Synchor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For this Register Only

28323

Registration District No. 2010 Registered No. 44
(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 Marian Lucile Mathews (If child is not yet named, make supplemental report as directed)(3) SEX OR SEXES Girl (4) Type or Triplet yes (5) Number in order of birth 1 (6) DATE OF BIRTH Sept. 4, 1923
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME James E. Mathews(8) PRESENT RESIDENCE OF FATHER Coward SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
(Year)(12) BIRTHPLACE Coward - SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie E. McAlister(15) PRESENT RESIDENCE OF MOTHER Coward - SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE Coward - SC(19) OCCUPATION Housekeeper(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born Alive at 8 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Annie Williams - midwife(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Coward SC

Given name added from a supplemental report

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Registrar

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Oct 1, 1923 (27) E. C. Montgomerie
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.