

Form No 1.

(1) PLACE OF BIRTH

County of Florence

Township of Mathews

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

42859

Registration District No 20.12 Registered No. 113

(For use of Local Registrar)

(2) Full Name of Child Albert J. Mathews

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

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 11, 1915  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Moses Mathews  
(9) PRESENT POSTOFFICE OF FATHER Coward, SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(12) BIRTHPLACE Florence Co  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Rosellie Miles  
(15) PRESENT POSTOFFICE OF MOTHER Coward SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(18) BIRTHPLACE Florence Co  
(19) OCCUPATION House wife  
(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 born at 2 P M.  
on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) Rosellie Miles

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Coward SC

Given name added from a supplemental report  
.....  
.....  
Registrar

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

(27) Filed Dec 12 1915 (28) L. Kelly  
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.

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

MARGIN RESERVED FOR BINDING.