

(1) PLACE OF BIRTH

County of York
 Township of Academy
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 22630
 (For use of Local Registrar)

Registration District No. 4006

Registered No. 33
 (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 Jas. Arthur Matthews 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 34 6. Sex Male 7. DATE OF BIRTH 7-27-1923 (Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Fred Matthews (15) PRESENT RESIDENCE OF FATHER Trough, S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (18) BIRTHPLACE S.C. (19) OCCUPATION Millwork

MOTHER. (14) NAME BEFORE MARRIAGE Maudie Sparks (15) PRESENT RESIDENCE OF MOTHER Trough, S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (18) BIRTHPLACE S.C. (19) OCCUPATION Housewife

20. Number of children born to mother, including present birth 6 21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (23) (Signature) M. L. L. L. L. L. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Academy, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed 5-16-1923 (28) M. L. L. L. L. 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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