

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

4149

Registration District No. 7010

Registered No.

(For use of Local Registrar)

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

(3) BOY OR GIRL?

Koy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 31, 1900

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Leopold Mathews

(9) PRESENT POSTOFFICE OF FATHER

Leowards SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(14) Number of children born to father, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Leoschfield

(15) PRESENT POSTOFFICE OF MOTHER

Leowards SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House wife

(20) 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 born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Leowards SC

Given name added from a supplemental report

191

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

(28) 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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