

(1) PLACE OF BIRTH

County of FlamenceTownship of Lynch

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7010 Registered No. 20981
(For use of Local Registrar)

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

(2) Full Name of Child Madique 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 No (6) Age Previous Marriages No (7) DATE OF BIRTH July 3, 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Fredy Matthews(9) PRESENT POSTOFFICE OF FATHER Howard, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 18
(Year)(12) BIRTHPLACE Howard, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Letha Myers(15) PRESENT POSTOFFICE OF MOTHER Howard, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18
(Year)(18) BIRTHPLACE Last City, S.C.(19) OCCUPATION Farmer - ?(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie Williams(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Howard, S.C.

(Given name added from a supplemental report)

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

(27) Filed July 10, 1923 (28) E. J. Thompson 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and question 1 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Columbia, Columbia, S. C.