

(1) PLACE OF BIRTH

County of YorklandTownship of Shirake

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

91839

Registration District No. 4-2BRegistered No. 248

(For use of Local Registrar)

(2) Full Name of Child Larissa Bernette Mathis

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John M. Mathis

(9) PRESENT POSTOFFICE OF FATHER

Cammer St

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Gertrude Francis

(15) PRESENT POSTOFFICE OF MOTHER

Cammer St

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

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

Shirake St

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

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(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.